

Routine orders:

Hospitals must submit their weekday blood product inventory and order to Hospital Services by fax or using the Inventory Report and Order Form (HS-200-F-04) each morning between 06:00 and 09:00 hours. You may use Blood Hub electronically for inventory.

STAT and special orders:

We are open and accept STAT blood orders 24 hours a day, 7 days a week, 365 days each year. For all STAT orders other than crossmatched/HLA-matched platelets, clearly state the need to expedite shipment.

- Provide Hospital Services with any special needs (ex. irradiation) and the anticipated transfusion time.
- We will notify the ordering hospital if a special product requires additional time for processing.

Contact the Reference Laboratory <u>directly</u> with all orders for crossmatched or HLA-selected apheresis platelet products during business hours.

- Reference Laboratory business hours: Monday Friday, 07:00 22:00 hours.
- If the order is after business hours or if there is no answer, contact Hospital Services to notify Reference Laboratory staff.

Irradiated products:

Hospitals must specify the need for irradiation when ordering.

Hospitals may return irradiated components to us if they were stored appropriately according to AABB standards. However, the irradiation fee will not be reimbursed.

Irradiated blood components are prepared by Hospital Services using a method known to ensure that irradiation has occurred according to FDA requirement s and AABB standards.

RBC antigen-tested products:

Hospitals are responsible for ordering RBC antigen-negative products. We do not keep track of patient information.

- Clearly specify all phenotypes required (Example: 2 units LR RBC that are K negative and Fy^a negative).
- Clearly indicate if Reference Laboratory is to **confirm** antigen typing before shipment.



We will no longer leave "tie tags" with historic antigen typing listed directly on RBC products per FDA recommendations.

- Tie tags with historic typing will be stapled onto the packing slip accompanying the blood products.
- RBC products requested with unconfirmed (historical) antigen typing must be confirmed as negative by the ordering transfusion service.
- Notify Hospital Services of any antigen typing discrepancies detected.

RBC products that have been antigen typed may be returned to Hospital Services if they were stored appropriately according to AABB standards. However, the antigen testing fees will not be reimbursed.



<u>Forms</u>

HS-200-F-04, Inventory Report and Order Form

Instructions

2.

- A. Access the Inventory Report and Order Form (HS-200-F-04).
 - Print most current Inventory Report and Order Form from blood center website: <u>www.cbccts.org</u> >select Resources tab >select Hospital Forms>select appropriate form.
 - 2. Customize form by entering the **Optimal Level** defined for your hospital in the **Uncrossmatched** L/R RBC sections.
- B. Daily report hospital blood product inventory to CBC Hospital Services.
 - 1. All hospitals must report Leukocyte Reduced Red Blood Cell(LR/RBC) and Platelet inventory <u>each morning</u> between 0600 and 0900 Eastern Standard Time (EST) on normal business days (Monday through Friday, excluding holidays).
 - Reports may be emailed, faxed or called to CBC Hospital Services.
 - a. Email: <u>blood@cbccts.org</u>
 - b. FAX: 937.461.9972
 - c. Phone: 937.461.7557
 - 3. Reports are submitted to CBC regardless of whether blood is scheduled to be delivered.
 - 4. Additional inventory reporting times may be requested for hospitals on an individual basis based on product usage. (Example: afternoon report for SDP inventory.)
- C. Completion of form.
 - 1. Enter hospital code, name of person completing form, and the date/time form completed.
 - 2. Uncrossmatched (available) and Crossmatched (allocated) inventory:
 - a. Enter total number of L/R RBC by blood type.
 - b. To document short-dated units, enter the number of units and the abbreviated date under the appropriate blood type.
 - Example: enter **2-6** when there are 2 units expiring on the 6th.
 - For reporting short-dates, hospitals outside Montgomery County should report units with 15 days or less remaining until expiration. Hospitals within Montgomery County should report units with 8 days or less remaining until expiration.
 - c. If there are no **crossmatched** units at the time of reporting, place a check (\checkmark) in the **None** box.

3. Today's Shelf Order:

- a. Enter number of units required by product and blood type.
- b. For apheresis platelets, it is not necessary to specify Rh type. Instead, write order across the open row.
 - Examples: 2 A; 1 O IRR; 1 A IRR CMV-
- c. For special instructions (ex. irradiated, CMV negative), document in the **Notes/Comments** box.
- d. If there is no shelf order at the time of reporting, place a check (✓) in the **None** box.



4. Yesterday's Product Usage:

- a. Enter the total number of units transfused <u>vesterday</u> by product and blood type.
- b. Only L/R RBC and Apheresis Platelet information is required to be sent to CBC on a daily basis.
- c. If there were no transfusions yesterday, place a check (\checkmark) in the **None** box.

5. Excess Usage:

- a. Provide documentation of excess usage any time one patient uses 6 or more units of blood or other components.
- b. Enter the blood type, quantity and product type of the units transfused.
- c. Enter the diagnosis of the patient transfused with 6 or more units.
 - Examples: 6 O pos RBC, 2 AB pos FFP, 1 A SDP

6. **SDP Platelets In-House:**

- a. Complete this section only if you routinely stock apheresis platelets.
- b. Enter the total number of available units by blood type and outdate.
- c. For additional information, document in the **Notes/Comments** box below.

7. ECMO Patient Notification (MVH Only):

- a. For MVH, complete information any time that you have an ECMO patient to assist CBC staff in timely management of products required.
- b. Include product requirements (ex. CMV negative, irradiated).
- c. Document products required by blood type and quantity.
- d. For additional information (ex. time requirements), document in the **Notes/Comments** box below.



BLOOD PRODUCTS: Rotation of short dates occurs weekly by Route according to the schedule below. Its purpose is to ensure that all products are rotated in a timely manner to prevent expiration and to minimize courier cost. Products returned for modification will continue to be handled as authorized roundtrips within the timeframes the products are needed.

AUTHORIZATION: Hospitals may refer to the Roundtrip Schedule for the weekday on which their regular roundtrip is scheduled. All other roundtrips need to be coordinated with Hospital Services staff who will authorize the roundtrip. A fluorescent pink sticker which states *Roundtrip* is placed on boxes being delivered to the hospitals as part of a roundtrip. As in the past, if a courier delivers to a hospital and the hospital representative gives the courier an item to return to the Community Blood Center (other than an empty box), Community Blood Center must be called to authorize the roundtrip. The Hospital Services Coordinator who authorizes the roundtrip must call Clipper to verify the driver is capable of completing the roundtrip. Returns that are not handled as above will not be signed.

EMPTY BOXES: Clipper Courier retrieves empty boxes from the hospital at the direction of the hospital transfusion staff. This is performed at no charge. However, the boxes must be empty of products and paperwork. The boxes are returned to CBC within a few days of leaving the hospital.

| ROUTE | HOSPITALS | DAY OF WEEK |
|---------|---|--|
| NORTH | MERH,WMH, UVM, TROY | TUESDAY |
| WEST | RMH, WAY, MVN | TUESDAY |
| EAST | GMH, SCH, SMC, BEL, WPH | WEDNESDAY |
| SOUTH | AMC, FHH, MVS, SVH, SYC, (FMH) | FRIDAY |
| IN-TOWN | CMC, CMH, GVH, KHD, KMC, MVH, VAH, RHI | THURSDAY HOSPITAL SERVICES WILL CHECK DAILY INVENTORY REPORT FOR EXPIRATIONS. |

ROUNDTRIP SCHEDULE



| Please forward to CBC: | Email - hospitalservices@cbccts.org: | FAX - 937.461.9972: Phone - 937.461.7557 |
|------------------------|--------------------------------------|--|
| | 2 | |

| Hospital: | | | | Employee: | | | | | | Date/Time: | | | | |
|------------------------|-----------|------------|-------------|-------------|------|----|------|-----|--------------------------------------|--------------|-------------|-----------|--------------|------|
| | | Unc | rossmatch | ed (availal | ole) | | | | | | | | | |
| L/R RBC | 0+ | 0- | A+ | A- | B+ | B- | AB+ | AB- | ECMO Patient Notification (MVH only) | | | | | |
| Optimal Level | | | | | | | | | Patient blood | l type: | | | | |
| TOTAL | | | | | | | | | Product (s) | ABO/Rh | Qua | ntity | Irradi | ated |
| 8-15 days | | | | | | | | | E0181 | | | | | |
| | | | | | | | | | Platelet | | | | | |
| | | | | | | | | | Pedi-PLT | | | | | |
| | | | | | | | | | | | | | | |
| < 8 days | | | | | | | | | | | | | | |
| | | | | | | | | | | # Plate | elets In-Ho | use | | ľ |
| Irrad Level | | | | | | | | | Outdate | 0 | Α | В | AB | |
| Total | | | | | | | | | Today | | | | | |
| | | | | | | | | | Tomorrow | | | | | |
| | Cro | ssmatche | d (allocate | d) | | | None | | 3 days | | | | | |
| L/R RBC | 0+ | 0- | A+ | A- | B+ | В- | AB+ | AB- | 4 days | | | | | |
| TOTAL | | | | | | | | | | | | | | |
| 8-15 days | | | | | | | | | Addition space | ce for short | dates/Not | es/excess | <u>usage</u> | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| < 8 days | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Irradiated | | | | | | | | | | | | | | |
| | | Todovic Sh | olf Ordor | | | | | | | | | | | |
| Product | 0+ | O- | A+ | A- | B+ | B- | AB+ | AB- | 1 | | | | | |
| L/R RBC | | | | | | | | | | | | | | |
| Irradiated L/R RBC | | | | | | | | | | | | | | |
| Apheresis Platelets | | | | | | | | | | | | | | |
| FFP | | | | | | | | | | | | | | |
| Pooled Cryo | | | | | | | | | | | | | | |
| Single Cryoprecipitate | | | | | | | | | | | | | | |
| | | | | | - | | None | | | | | | | |
| Product | Yes O+ | C- | A+ | ge A- | B+ | B- | AB+ | AB- | | T | | | | |
| L/R RBC | | | | | | | | | Inventory | o | А | в | AB | |
| Irradiated L/R RBC | | | | | | | | | FFP | | | | | |
| Apheresis Platelets | | - | | - | | | | | Pooled cryo | | | | | |
| FFP | | | | | | | | | Single cryo | | | | | |
| Pooled Cryo | | | | | | | | | | • | | | | • |
| Single Cryoprecipitate | | | | | | | | |] | | | | | |
| | | | Eveneral | 200 (1)* | | | | | - | - | | ro (2)* | | |
| ABO/Rh | | | Excess US | age (1) | | | | | ABO/Rh | E | ALESS USA | 50 (2) | | |
| Quantity | | | | | | | | | Quantity | | | | | |
| Product | | | | | | | | | Product | | | | | |
| Discussion | | | | | | | | | | | | | | |
| Diagnosis | | | | | | | | | Diagnosis | | | | | |

* \geq 6 products on same patient within 24 hours



<u>Forms</u>

HS-300-F-01, Product Return/Transfer Report

Samples

Blood products to be shipped

Supplies & Equipment

CBC Shipping Container (Large or Small) Plastic Containment Bag (13.5 x 30/.004 inches) Plastic Containment Bag (12 x 12 x 24/.004 inches) Absorbent Pads Refrigerant (wet ice, dry ice, and gel packs, as appropriate) Packing Tape

Instructions

- A. Select the appropriate shipping container and packing material needed based on the product type and number of products to be shipped. Refer to HS-300-JA-01, **Packing Specifications**.
 - 1. Hospitals shall only use shipping containers and packing material provided by CBC.
 - 2. Hospitals shall maintain at least 1 small and 1 large shipping container and associated packing materials at all times.
 - 3. When packing, do <u>not</u> exceed the maximum number of products allowed per shipping container according to HS-300-JA-01.
 - 4. Request additional packing materials as needed when calling CBC Hospital Services to request a transfer or return (Example: dry ice for shipment of FFP).
- B. Inspect the shipping container prior to use:
 - 1. Verify that it is intact and dry.
 - 2. Verify that it contains the proper insulation (foam inserts).
 - 3. Verify the box contains a plastic containment bag with absorbent pad(s).
- C. Record the appropriate documentation on the **Product Return/Transfer Report** (HS-300-F-01) according to HS-300-WI-05, **Hospital Instructions Use of Product Return/Transfer Report.**
- D. Place products to be shipped in a plastic containment bag with absorbent pad(s) and seal by twisting the top, folding the twisted portion over on itself and securing with a rubberband.
- E. Place the sealed plastic containment bag with the appropriate refrigerant or gel packs into the shipping container. Refer to HS-300-JA-02, **Shipping Refrigerant Guide**.



- 1. To ship products stored at room temperature, use **Gel Packs**:
 - a. Place gel pack(s) above and below plastic containment bag.
 - b. Gel packs are stored at room temperature when not in use.
- 2. To ship refrigerated products, use **Wet Ice**:
 - a. For RBC shipment, the amount of wet ice placed in a plastic bag must be approximately equal to or greater than the volume of the cells.
 - b. Fold over 1 sheet of newsprint and place it between the bag of ice and the bag of RBC products. The newsprint will absorb condensation and prevent direct contact between the ice and the RBC products.
- 3. To ship frozen products, use **Dry Ice**:
 - a. Pack frozen plasma flat with ports to the center to prevent breakage.
 - b. For shipment of FFP or cryoprecipitate, place a bag of dry ice on top of the bag of frozen products. Loosely fold the top of the bag to prevent dispersion of the ice. **DO NOT SEAL OR KNOT THE BAG**.
 - c. Solid carbon dioxide (dry ice) is classified as a hazardous material. Contact with it can cause burns and CO₂ is released as it dissipates. Dry ice should be handled in a well-ventilated area. The released gas can cause light-headedness and, in extreme cases, asphyxiation. Adequate ventilation is also required during transit. If the dry ice is kept in a tightly sealed container or bag, the gas could rupture the packaging.
- F. Place the top foam insert in the box so that it rests securely on the tops of the side foam inserts.
- G. Place the **Product Return/Transfer Report** on top of the top foam insert.
- H. Close the shipping container flaps opposite each other, and secure with a piece of packing tape long enough to run along the seam and down either side about 2".
- I. Write on the <u>tape</u> where the box is being shipped to (Examples: To CBC or To <transfer hospital>). Please do not write directly on the reusable box.
- J. Additional instructions:
 - a. CBC has carefully evaluated and validated the packing requirements for all blood products shipped in order to insure appropriate temperature maintenance. Blood products not properly packed according to this procedure must be discarded and will be charged to the hospital. Examples include:



- Platelets shipped on ice or RBCs shipped without ice.
- Top Styrofoam insert is missing.
- Too many RBCs (>5) were packed into a small box.
- Shipping box used is not from CBC.
- b. A signed **Product Return/Transfer Report** is required with all transfers and returns.



<u>Forms</u>

HS-300-F-01, Product Return/Transfer Report

Instructions

- A. The **Product Return/Transfer Report** (HS-300-F-01) shall be completed by the hospital for the following situations:
 - 1. Whenever a product is **returned** to CBC for <u>any</u> reason.
 - 2. Whenever a product is being **transferred** to another facility.
 - 3. To request **credit** for certain products discarded by the hospital and not returned to CBC.
 - The Product Return/Transfer Report serves as a <u>packing slip</u> and must accompany blood products whenever they are shipped outside the hospital.
 - Products pooled or otherwise altered by a hospital may <u>not</u> be returned to CBC.
 Products must be discarded at the hospital.
- B. All blood product transfers and returns must be coordinated by a CBC Hospital Services employee prior to courier pick-up.
 - 1. Call CBC Hospital Services <u>each time</u> you need to transfer or return products.
 - a. CBC Hospital Services will confirm that you have the appropriate shipping materials and will schedule the courier pick-up.
 - b. If you do not have the appropriate shipping materials, CBC will send these with the courier.
 - 2. Complete a **Product Return/Transfer Report** and include as the packing slip in shipping box.
 - 3. To determine the approved return delivery day(s) schedule for your hospital for <u>routine</u> return of short-dated inventory, refer to HS-200-JA-06, **Round Trip Considerations**.
- C. Complete the **Product Return/Transfer Report** electronically or manually as follows:
 - 1. Access report form from <u>http://cbccts.org/Professional Resources/Hospital Services</u> or from appropriate department file.
 - 2. Record **hospital name** or code and **date/time** of product return or transfer to CBC in the top right corner of form.



- 3. Enter **Blood Component Identifier(s)**:
 - a. **Unit Number** record the entire DIN (example: W0534 12345678).
 - b. **ABO/Rh Type** record ABO; abbreviate Rh type as P or pos, N or Neg (example: OP, ABN).
 - c. **Product Code** record the entire product code from the product code label (examples: Codabar Label -04250; ISBT 128 Label E0404V00, E0869VA0).
- 4. Specify request(s) to **Modify**, if applicable:
- 5. If the product is being returned for a reason other than modification, or being transferred, specify the appropriate **Reasons** for return:
 - a. Transfer:
 - 1) **Hospital initiates transfer** (Example: emergency transfer of patient with blood):
 - Call and notify CBC Hospital Services of a hospital transfer.
 - Document products transferred on a Product Return/Transfer Report and include transfer hospital name in the comments. Fax the signed form to CBC Hospital Services.
 - If the hospital is outside the CBC service area, please include full hospital name and address in the comments.
 - Products transferred emergently <u>must</u> be packed according to Hospital Instructions-Blood Component Shipment (HS-300-WI-04) to insure proper temperature maintenance for product integrity.
 - 2) **CBC Hospital Services initiates transfer:** another hospital has requested specific products not in the blood center inventory (Example: Antigen negative RBCs or O Neg RBCs to another hospital).
 - Confirm availability of product(s) with CBC.
 - Document products to be transferred and include transfer hospital name in the comments. Fax the signed form to CBC Hospital Services and include a copy of the form in the shipping box.

- Pack products according to Hospital Instructions for Blood Component Shipment.
- Label box with transfer hospital name (example: To MVH) for the courier.
- b. **Indate Usable:** check this column when returning blood products that are still indate and transfusable. These include shortdate RBCs.
- c. **Unsuitable Unit**: check this column for products determined to be unsuitable for transfusion.
 - > Problems detected during hospital testing or visual inspection
 - Reasons include positive DAT, blood clotted, typing discrepancy, broken bag or abnormal appearance.
 - Document reason in **Comments**.
 - CBC may request specific units for this category also.
- d. **CBC Requested**: check this column for products requested by CBC for return.
 - Reasons for return may include product recall (PDT or Lookback processes), bacterial detection, phenotyping, or other product investigations.
 - Products will currently be indated and useable.
- e. **Blood Type Discrepancy:** check this column when hospital testing for ABO, Rh, or antigen typing is different from blood center results displayed on the product label or tie tag. Document test result(s) in question in **Comments**.
- f. **Other:** check this column when returning blood for reasons other than those listed above.
- 6. In **Comments**, document all necessary information on products being transferred or returned to insure accurate tracking of product disposition at both the hospital and CBC.
 - a. **Credits:** For blood products that require credit, but are not physically returned to CBC, document reason and request credit in **comments**.



- b. **Bacterial Detection:** CBC will contact hospitals who have received Apheresis Platelets that now test positive for bacterial contamination.
 - If the platelet product is still indate, follow CBC instructions and promptly return product to CBC. Record the reason in **Comments** and include form with the returned product.
 - If the platelet product has been discarded at the hospital, complete the form and document the reason (CBC notification of positive bacterial detection) and product status (platelet discarded at hospital on date using the format MM/DD/YYYY) in **Comments**.
 - If the platelet product was transfused prior to notification, do not complete a Product Return/Transfer Report. Instead, a SDP Memorandum, (MIC-307-F-02) will be sent by CBC to the hospital with notification of the positive test result. The hospital will then follow internal notification procedures for transfused blood products. Any questions should be directed to the CBC Medical Director.
- D. Document **Signature** and **Date**: Signing and dating the **Product Return/Transfer Report** certifies that all products being returned have been stored following AABB Standards and are normal in appearance.
 - 1. Inspect all products being returned or transferred to ensure acceptable appearance and bag integrity.
 - 2. Record signature of person packing the blood in the **Signature** space and record the **Date/Time** the blood is packed.
 - 3. Also record signature and date/time even when products are considered unsuitable for transfusion or when report form is used only to request a blood product credit. This provides documentation of shipper and shipping date/time.
- E. Additional Information:
 - 1. Complete a separate **Product Return/Transfer Report** for transfusable and non-transfusable products.
 - 2. Maintain a copy of the report sent for your transfusion service files.
 - 3. Other hospital-generated documents may be used provided all necessary information is listed on the document.



- a. If the hospital chooses to use a record generated from their computer system, it must include (handwritten additions, if necessary) the same information required by the **Product Return/Transfer Report**. For example:
 - The product codes must be listed by the same product code listed on the actual product.
 - The signed and dated statement of visual inspection of the product prior to shipment, with a finding of normal appearance, must be recorded on the computer record (electronic signature is not acceptable)



| BLOOD COMPONENT | CONTAINER | CONTAINER DIAG | GRAM |
|--|--|--|--|
| Small Box: Apheresis Platelets: 1-5 units Large Box: Apheresis Platelets: 1-10 units | SMALL BOX: 1 gel pack above/below product. LARGE BOX: 2 gel packs above/below product. 1 absorbent pad per 500 mL of product. TRANSPORT TEMP RANGE: As close as possible to 20°C-24°C. | GEL PACK | STYROFOAM INSERTS GEL PACK CONTAINMENT BAG PLATELET PRODUCT ABSORBENT PAD GEL PACK |
| Whole Blood: 1-2 Units | SMALL BOX: 2 Scoops Ice in bag, Newspaper, 1 Absorbent pad per unit, TRANSPORT TEMPERATURE RANGE: 1°C-10°C. | ICE CONTAINMENT BAG | STYROFOAM INSERTS WET ICE BAG NEWSPAPER CONTAINMENT BAG |
| Whole Blood: 1-10 Units | LARGE BOX: 4 Scoops ice in bag, Newspaper, 1 Absorbent Pad per unit, TRANSPORT TEMPERATURE RANGE: 1°C-10°C | | WHOLE BLOOD PRODUCT ABSORBENT PAD |
| Red Blood Cells (RBC's) 1-5 units | SMALL BOX: 2 Scoops Ice in bag, Newspaper, 1 Absorbent pad per 2 units, TRANSPORT TEMPERATURE RANGE: 1°C-10°C. | ABSORBENT PAD | STYROFOAM INSERTS WET ICE BAG NEWSPAPER CONTAINMENT BAG |
| RBC's 1-20 Units Antigen specific RBC's Must use large box for IMM, MDG, and ORT for 1-20 units | LARGE BOX: 4 Scoops ice in bag, Newspaper, 1 Absorbent Pad per 2 units, TRANSPORT TEMPERATURE RANGE: 1°C-10°C | | LEUKOCYTE REDUCED RED BLOOD CELLS ABSORBENT PAD |
| Frozen Product: 1-10 Individual Cryo's 1-5 Pooled Cryo's 1-4 FFP | SMALL BOX: 2 Scoops of dry ice in open bag, 1 Absorbent pad per 10 individual cryo's or per 2 pools, TRANSPORT TEMPERATURE RANGE: ≤-18°C | DRY ICE CONTAINMENT BAG | STYROFOAM INSERTS DRY ICE BAG CONTAINMENT BAG FROZEN UNITS ABSORBENT PAD |
| Frozen Product: 1-15 FFP 11-30 Individual Cryo's >5 POOLED Cryo's | LARGE BOX: 4 Scoops Dry Ice in open bag on top of products, 1 Absorbent pad per 2 FFP or 30 Cryos TRANSPORT TEMPERATURE RANGE: ≤-18°C. | DRY ICE CONTAINMENT BAG | STYROFOAM INSERTS DRY ICE BAG CONTAINMENT BAG FROZEN UNITS WITH PORTS FACING INWARD ABSORBENT PAD |
| Frozen Red Blood Cell: 1 canister per large box | LARGE BOX: Product in containment bag, 1 Absorbent pad , Fill remaining space with Dry Ice, TRANSPORT TEMPERATURE RANGE: ≤-65° | Contraction of the second seco | STYROFOAM INSERTS RBC CANNISTER OR BOX ABSORBENT PAD CONTAINMENT BAG DRY ICE BAGS |



| WET ICE | DRY ICE | GEL PACKS |
|--|-------------------------------|----------------------|
| Whole Blood | LRBC FROZEN -65° C. * | LVDS SDPs |
| CPD RBC, Leukocyte Reduced-Pedi | LRBC FROZEN IR65° | LVDS Irradiated SDPs |
| CPD, Leukocyte Reduced Irradiated Pedi | CRYOPRECIPITATE | PRT SDPs |
| AS-1 RBC, Leukocytes Reduced | CRYOPRECIPITATE Irradiated | GRANULOCYTES |
| AS -1 RBC, Leukocytes Reduced Irradiated | FFP | |
| AS-3 RBC, Leukocytes Reduced | FFP Irradiated | |
| AS-3 RBC, Leukocytes Reduced Irradiated | CRYO POOR FFP | |
| AS-5 RBC, Leukocytes Reduced | CRYO POOR FFP Irradiated | |
| AS-5 RBC, Leukocytes Reduced Irradiated | IMPORTED PLASMA, FROZEN | |
| LRBC WASHED | | |
| LRBC WASHED Irradiated | | |
| LRBC Deglycerolized | | |
| LRBC Deglycerolized Irradiated | | |
| All imported LRBC's | | |
| Autologous LRBC's | | |
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*LRBC Frozen and LRBC Frozen Irradiated must maintain a shipping temperature of -65° C. Consult product label.



Shipping temperatures must agree with label temperatures. For any discrepancies, consult a Hospital and Laboratory Services Department Supervisor.

For any product not listed on this form, consult a Hospital and Laboratory Services Department Supervisor.



Policy

- A. Community Blood Center/Community Tissue Services is not permitted to ship unlicensed blood products across the Ohio State line without the direct approval of the Medical Director or an Associate Medical Director. This includes shipments to the facilities that are within the CBC service area but are outside the State of Ohio.
 - 1. Blood products that are considered unlicensed include:
 - Any validation products (RBC, plasma, aphaeresis platelets)
 - Specified irradiated RBC products
 - Apheresis platelets concentrated by CBC/CTS staff
 - Granulocytes pheresis
 - 2. All blood products considered unlicensed will not have the blood center license number displayed on the labeled product.
- B. When CBC/CTS Hospital Services receives an order that requires shipment of an unlicensed product across state lines, Hospital Services will notify the ordering hospital and request the following information:
 - Patient name, age, sex, blood type and antibody screen results
 - Patient diagnosis and transfusion history
 - Ordering physician name and phone number
 - Anticipated usage, such as when product is to be transfused and if additional transfusions are expected
- C. Hospital Services will notify the CBC/CTS Medical Director or Associate Medical Director of the request for approval. All documentation will be completed by the blood center.
 - 1. CBC/CTS Medical Director or Associate Medical Director will perform an assessment and determine if request is approved. The patient physician may be contacted, if needed.
 - 2. Approval process will be completed as quickly as possible to reduce delay of transfusion.
 - 3. "Duration of approval" will be assigned by the CBC/CTS Medical Director or Associate Medical Director as needed to expedite additional blood product orders for the same patient.



| - | | | |
|----|-----|-------------|--|
| LU | URI | FR . | |

DISPATCH#: _____

SHIP TO:_____

ADDRESS:

REQUESTED BY: _____

DATE/TIME ORDER TAKEN:

PATIENT NAME: __________(If Applicable)

COMPLETED BY:

| PRODUCT | ABO/Rh | DIN | QUANTITY PACKED | PRODUCT CODE | EXP.DATE | COMMENTS | COMPUTER ENTRY COMPLETED* |
|---------|--------|-----|--------------------|-----------------|----------|----------|---------------------------------|
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*Reserved for CBC Hospital Services Personnel Only

ORDER COMPLETED BY/DATE/TIME: _____

REVIEWED BY/DATE/TIME: _____



| Logging into | | | | | | |
|----------------|------|---|--|--|--|--|
| Blood Hub | Step | Action | | | | |
| | 1. | Access the Blood Hub website at dayton.bloodhub.com | | | | |
| | 2. | When the log-in screen appears, type user name (email address) and | | | | |
| | | password. | | | | |
| | 3. | Click the "" To complete the login Process | | | | |
| | | | | | | |
| Creating a New | Step | o Action | | | | |
| User | 1. | Click on the three bars next to the email icon. | | | | |
| | 2. | Select Admin. | | | | |
| | 3. | Click on "Users". Click on "+New User". | | | | |
| | 4. | Enter New User's First Name, Last Name. | | | | |
| | 5. | Type the new user's email address. | | | | |
| | | | | | | |
| | | NOTE: It is preferable for individual users to have unique Blood | | | | |
| | | Hub accounts for traceability and trackability purposes. | | | | |
| | | However, unique email addresses are not required. | | | | |
| | 6. | Select user's time zone. | | | | |
| | | | | | | |
| | | NOTE: Accurate entry of a user's time zone is vital to ensuring | | | | |
| | | appropriate delivery options. The time zone select should be | | | | |
| | | specific to the location of the user (not the distribution hub, if | | | | |
| | 7 | applicable). | | | | |
| | 7. | Preferences. | | | | |
| | | Rediffection Login to: Select Dashboard . Play "Now Order" notification?: If active a chime will | | | | |
| | | • Play New Order Horncartons: In active, a chime will sound for each order placed until undated to a | | | | |
| | | "Beceived" status by the Blood Center | | | | |
| | 8 | Security: Indicate the new user's role within the organization | | | | |
| | 0. | Click "Manage User Groups" | | | | |
| | | Select "Ilser" or "Admin" depending on User's role | | | | |
| | | Click "OK" to save | | | | |
| | | | | | | |
| | 9. | Click Save 🖫 | | | | |
| | | NOTE: This will generate an email from which the new user can | | | | |
| | | confirm their account and create a password. | | | | |
| | | · · | | | | |



| esetting a User | Step | Action |
|-----------------|------|---|
| assword | 1. | Access the Blood Hub website at dayton.bloodhub.com |
| | 2. | When the Sign In BloodHub screen appears, click "Sign In" |
| | 3. | Enter your email address and click the "Don't remember your password". |
| | 4. | A confirmation will be displayed that reads "Please enter your email add. We will send an email to rest your password". The user will then click the link in their email which will open the "Change Password" screen. |
| | 5. | After entering and confirming your new password click the ">" icon. NOTE: Passwords must be a total of 8 characters with at least |
| | | one letter and one number. |
| | 6. | If the new password meets the requirements, your password will be modified in the system and you will be directed to the BloodHub login |
| | 7. | You will now be able to use your email address and new password to log into the system. |
| | | OR |
| | 1. | Log in as a Blood Hub Admin User |
| | 2. | Click on the " Admin " tab. |
| | 3. | Click on " Users " |
| | 4. | Click on the name of user whose password is to be reset |
| | 5. | Click the box to enter a check mark in the box next to "Reset Password" |
| | 6. | Type the new password in the designated fields NOTE: Passwords must be a total of 8 characters with at least |
| | | |



| Ordering | Ston | Action | | | | |
|----------|----------------------|--|--|--|--|--|
| Standard | Sign In i | into BloodHub following HS-328-14-01: Logging into BloodHub | | | | |
| Products | 1 Select "New Order" | | | | | |
| | 1. | Designate a Shinning Ontion: | | | | |
| | ۷. | Designate a shipping Option. | | | | |
| | | STAT orders will leave the blood center within 15 minutes. The STAT delivery option should be utilized only in life threatening situations. Products ordered STAT may have the same outdate as the date ordered. ASAP orders will leave the blood center as soon as a driver is available. Deliver by will allow the user to select the date and time by which the order is needed for patient care. Routine orders will be delivered with the next scheduled delivery. | | | | |
| | 3. | Order Type: | | | | |
| | | • Use the radio buttons to select "Standard". | | | | |
| | 4. | Click "Next" to proceed with order. | | | | |
| | 5. | Click in the "Nothing Selected "box to select product to be ordered. | | | | |
| | 6. | Indicate the quantity of each blood type. NOTE: Blood type grid displayed is dependent on the product selected from the drop down list. For example, all blood types (including Rh) are available for RBC products but Rh selections are not available for frozen products. | | | | |
| | 7. | Indicate CMV and Hemoglobin S requirements by clicking the | | | | |
| | | respective check box. | | | | |
| | 8. | Click Add. NOTE: The previous steps can be repeated for additional products to be ordered. | | | | |
| | 9. | If order is inaccurate, click on "Delete" to remove a specific line item. | | | | |
| | 10. | Type any order comments in the designated box. | | | | |
| | 11. | After all products have been requested, click "Next" to proceed. | | | | |
| | 12. | Verify the accuracy of the order. If the order is to be modified, click "←" to return to the previous screen to edit the order. If the order is accurate, click "Submit Order". | | | | |



| Ordering Antigen | Sten | Action |
|------------------|----------------|--|
| Screened | Sign In into B | loodHub following HS-328-1A-01: Logging into BloodHub |
| Products | 1 | Select "New Order" |
| | 2 | Designate a Shinning Ontion |
| | 2. | besignate a simpling option. |
| | | • STAT orders will leave the blood center within 15 |
| | | minutes. The STAT delivery option should be utilized only |
| | | in life threatening situations. Products ordered STAT may |
| | | have the same outdate as the date ordered. |
| | | ASAP orders will leave the blood center as soon as a |
| | | driver is available. |
| | | Deliver by will allow the user to select the date and time |
| | | by which the order is needed for patient care. |
| | | Routine orders will be delivered with the next scheduled |
| | | delivery. |
| | 3. | Order Type: |
| | | Use the radio buttons to select "Antigen Screened". |
| | 4. | Enter any patient information if desired. |
| | 5. | Click "Next" to continue. |
| | 0. | crick in the Nothing Selected box to select product to be |
| | 7 | Indicate the quantity of each blood type |
| | 7. | NOTE: Blood type grid displayed is dependent on the product |
| | | selected from the drop down list. For example, all blood types |
| | | (including Rh) are available for RBC products but Rh selections |
| | | are not available for frozen products. |
| | 8. | Indicate CMV and Hemoglobin S requirements by clicking the |
| | | respective check box. |
| | 9. | Select antigens for which the units are to be screened by clicking |
| | | on the antigen. |
| | | |
| | | NOTE: If the antigen to be screened is not listed |
| | | Step Action |
| | | 1. Click on the "+" button to add another Antigen |
| | | 2. Type antigen in field. |
| | | NOTE: The previous steps can be repeated for additional |
| | 10 | antigen screened products to be ordered. |
| | 10. | Select whether or not you preter Historical or Antigen Lested . |
| | 12 | After all products have been requested click "Next" to pressed |
| | 12. | Arter an products have been requested, click Next to proceed. |
| | 13. | very the accuracy of the order. If the order is to be modified, $(-4)^{\prime\prime}$ to return to the previous screen to edit the order. If the |
| | | order is accurate, click "Submit Order" |
| | | |
| | | 1 |



| 14. | Verify the accuracy of the order. If the order is to be modified, |
|-----|---|
| | click "Go Back" to return to the previous screen to edit the order. |
| | If the order is accurate, click "Submit Order". |
| | |
| | |
| | |
| | 14. |



| Stej | D | Action |
|-------|---------------|---|
| lt ma | / be necessa | ary to click " Create |
| Orde | " if user ace | essing another function in Blood Hub. |
| 1 | Select | the Order Type " Services " |
| 2 | Enter p | patient name (if applicable). "No Name" may be used for first |
| | and las | t name if patient name is not to be used. |
| 3 | Design | ate a Shipping Option. |
| | NOTE: | |
| | • | STAT orders will leave the blood center within 15 minutes. |
| | | The STAT delivery option should be utilized only in life |
| | | threatening situations. Products ordered STAT may have the |
| | | same outdate as the date ordered. |
| | • | ASAP orders will leave the blood center as soon as a driver is available. |
| | • | Deliver by will allow the user to select the date and time by |
| | | which the order is needed for patient care. |
| | • | Routine orders will be delivered with the next scheduled |
| | | delivery. |
| 4 | Click " | blue arrow" to proceed with order. |
| 5 | Select | the service requested from the drop down list. |
| 6 | Туре а | ny order comments in the designated box. |
| 7. | After t | he service has been requested, click the " blue arrow " to |
| | procee | ed. |
| 8 | Verify | the accuracy of the order. If the order is to be modified: |
| | • | click the " blue arrow " and click on the " edit " button to revise |
| | | the order. After changes made, click on the "blue arrow" |
| | | When the order is accurate, click "Submit ". |
| | NOTE: | If the order is to be saved as a template, then |
| | Step | Action |
| | 1 | . Click "Save a Template" |
| | 2 | . Type the file name under which the order is to be saved. |
| | 3 | Click "Submit and Save as Template". |



| Ordering from a | Step | Action |
|-----------------|---|---|
| Template | It may be necessary to click " Create Order " if user accessing another function in Blood Hub. | |
| | 1. | Click "Load Template". |
| | 2. | Select the desired template from the drop down box. |
| | 3. | Click "Load Template". |
| | | NOTE: Templates can be deleted be clicking "Delete". |
| | 4. | Designate a Shipping Option. |
| | | NOTE: |
| | <u>5.</u> 6. 7. | STAT orders will leave the blood center within 15 minutes. The STAT delivery option should be utilized only in STAT situations. Products ordered STAT may have the same outdate as the date ordered. ASAP orders will leave the blood center as soon as a driver is available. Deliver by will allow the user to select the date and time by which the order is needed for patient care. Routine orders will be delivered with the next scheduled delivery. Click the "blue arrow" to proceed with order. Verify the accuracy of the loaded template. If order is inaccurate, click on "Clear All" to remove all products from the order or click on the "X" to remove a specific line item. Additional |
| | | items or order modifications can be made on this screen. |
| | 8. | Type any order comments in the designated box. |
| | 9. | After all products have been requested, click the " blue arrow " to proceed. |
| | 10. | Verify the accuracy of the order. If the order is to be modified: click the "blue arrow" and click on the "edit" button to revise the order. After changes made, click on the "blue arrow". When the order is accurate, click "Submit". |



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|-----------------|------|--|--|
| Managing Orders | Step | Action | |
| | 1. | Click on the " Orders " tab. | |
| | 2. | Orders are sort by status. Pending: Lists those orders created but not yet submitted to the blood center. Orders left in a pending status for an extended period of time will be automatically deleted if not submitted to the blood center. Submitted: Lists those orders created and submitted to the blood center. These orders have not yet received by the blood center Received: Lists those order submitted and received by the blood center. No products have been packed on the order. In Process: Lists those orders received by the blood center and currently being fulfilled. Verified: Lists those orders with products packed by the blood center for delivery. Shipped: Lists those orders that have left the blood center for delivery. Delivered: Lists those order that have been received by your facility and/or 24 hours have passed since the order was updated to a "shipped" status. | |
| | 3. | To view an order, click on the status and click on the appropriate order number. | |
| | 4. | Orders in a pending or submitted status can be modified by the submitting facility. NOTE: To modify order in any other status, please contact CBC directly. | |
| | | | |
| Dashboard | Step | Action | |
| | 1. | Click on the "Dashboard" tab. | |
| | 2. | Click on the following features: Open Orders List: Lists all orders not yet updated to a status of "Delivered" | |



| Open Orders List | Step | Action | |
|------------------|---|--|--|
| Open Orders List | The op | en orders list can be accessed: | |
| | • Via the log-in page (provided the computer has stored a cookie from | | |
| | Blood Hub within a designated period of time). | | |
| | • Via the dashboard (after a user has logged into Blood Hub) | | |
| | 1. | The open orders list displays all orders not yet updated to a status of "Delivered" | |
| | 2. | Click on the appropriate order number to access the order. | |
| | | | |
| Orders Footer | Step | Action | |
| | The open orders list can be accessed: | | |
| | Via the log-in page (provided the computer has stored a cookie from | | |
| | Blood Hub within a designated period of time) | | |
| | • | Via any page after a user has logged into Blood Hub | |
| | 3. | The orders are separated by <i>current</i> order status. | |
| | 4. | To view the orders in a particular status click on the desired status. | |
| | | | |
| | | Blood Hub will display the first 15 orders in this status. Additional | |