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Section 1

General Information

About the Center

The Blood and Tissue Center of Central Texas is a 501(c) (3) not-for-profit organization. Its mission is to safeguard the community’s gifts of blood and tissue with uncompromising quality and excellence in customer service.

Founded in 1951 as the Travis County Medical Society Blood Bank, it initially provided whole blood to four Austin Hospitals and a couple of rural clinics. The Blood and Tissue Center today is the exclusive provider and guardian of the community blood supply for 37 medical facilities in a ten-county service area of Central Texas.

In 2013, approximately 43,000 whole blood donations, 8,500 apheresis platelet products and 5,500 apheresis red blood cell products were collected. These donations are tested extensively to assure suitability for transfusion and processed into lifesaving components: red blood cells, plasma, and platelets, which go to help Central Texas patients.

The Center works with the Marrow Donor Program of Central and South Texas to increase the number of Central Texans on the National Marrow Donor Registry. The Center is licensed by the US Food and Drug Administration, accredited by AABB (formerly known as the American Association of Blood Banks) and the American Association of Tissue Banks, and is a member of America’s Blood Centers and Blood Centers of America, Inc.

Accreditations and Licenses

- AABB
- CLIA certificate number 45D0679838
- College of American Pathologists CAP 21541010
- FDA License number 244

Copies of our current licenses and accreditations can be found on the Blood Center’s website at www.inyourhands.org.
Client Web Site

Visit our website at www.inyourhands.org. Here you can find information about blood and tissue donation, donation programs, events and employment, student information and a password protected client page with blood center accreditation information, education, frequently asked questions, forms, links to professional associations and other useful information.

Main Address: The Blood Center of Central Texas
4300 North Lamar Blvd
Austin, TX 78756

<table>
<thead>
<tr>
<th>Department Descriptions and Contact Directory</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Services</strong> <em>(Ordering of blood products, delivery and inventory inquiries)</em></td>
</tr>
<tr>
<td>Main Number</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td>Hospital Services Manager</td>
</tr>
<tr>
<td><strong>Laboratory and Transfusion Services</strong> <em>(Antibody identification, antigen screening, transfusion inquiries, adverse reaction notification, general transfusion consultation)</em></td>
</tr>
<tr>
<td>Main Number</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td>Laboratory Manager</td>
</tr>
<tr>
<td>Director of Technical Services</td>
</tr>
<tr>
<td><strong>Special Donations</strong> <em>(Autologous, Directed, Dedicated and Therapeutic Donations)</em></td>
</tr>
<tr>
<td>Donor scheduling/consultation</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td><strong>Blood Drive Scheduling</strong></td>
</tr>
<tr>
<td>Main Number</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td><strong>Client Relations and Business Development</strong></td>
</tr>
<tr>
<td>Director of Business Development</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
</tr>
<tr>
<td>Main Number</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td><strong>Quality Assurance</strong></td>
</tr>
<tr>
<td>Primary Phone</td>
</tr>
<tr>
<td>Secondary Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
<tr>
<td><strong>Accounting and Finance</strong></td>
</tr>
<tr>
<td>Primary Phone</td>
</tr>
<tr>
<td>Secondary Phone</td>
</tr>
<tr>
<td>Fax</td>
</tr>
</tbody>
</table>
Quality System

Quality is an organizational commitment backed up by a Quality Assurance and Regulatory Affairs Department with proven expertise in quality engineering and systems improvement.

The Blood Center’s quality system is maintained with the following processes and procedures, including but not limited to:

Supplier Qualification: The Blood Center assesses both supplier performance and the ability of suppliers to meet the Blood Center’s requirements with defined characteristics or functional requirements for essential materials, blood components, tissue products and services.

Contracts: Agreements for suppliers of blood and blood components, tissue products and services are made to ensure that each party’s expectations are defined and agreed upon and that any changes are appropriately recorded and communicated.

Change/Process Control: Procedures are in place for the development and implementation of process control. Qualifications that are performed by a documented and approved plan ensure equipment is properly installed and tested as part of the validation protocol.

Quality Control: Regular quality control of equipment, reagents, and blood components is maintained.

Investigations: Procedures are in place to:

- Investigate and dispose of returned blood components and tissue products that are deemed unacceptable by the customer.
- Identify, investigate and dispose of any nonconforming blood, MNC or tissue products.
- Document and investigate events that have the potential to affect the safety, purity, and/or potency of blood components, MNCs and tissue.
Document Control: The Blood Center’s comprehensive Document Control System includes:

- A system to link its policies and procedures, ensuring controlled document uniformity and compliance with regulatory requirements, accreditation standards, and internal specifications.
- A record retention system that ensures that records are stored in a manner that maintains integrity and facilitates retrieval.

External Assessments: The Blood Center participates in external assessments conducted by the FDA, AABB, CLIA and AATB accreditation programs, and in inspections conducted by other state and local regulatory agencies, tissue processing partners, plasma fractionators and other outside agencies, as required.

Internal Assessments: The Blood Center maintains a system of planned and documented internal assessments to improve quality. The internal assessment program ensures that operational systems meet applicable regulations and standards, confirms the effectiveness of the quality system and provides a basis for continuous quality improvement.

Lookback and Consinee Notifications

In the event that a repeat donor tests repeatedly reactive for testing or provides information that deems the components to be unsuitable for transfusion or further manufacturing, the Blood Center will identify any prior collections of whole blood, blood components, quarantine units, and will promptly notify consignees.

The Quality Assurance department will fax the applicable notice to your facility, identifying the implicated component and the reason for notification. Upon receipt of this notice at your facility, please immediately determine the disposition of each component listed, complete the disposition portion of the form, and return the form to the Blood and Tissue Center of Central Texas Quality Assurance Department by fax (512-206-1388). If the component is in your inventory, please contact Hospital Services for retrieval.
Section 3
Disasters and Emergencies

Emergency Preparedness and Business Continuity Planning

The Blood Center has plans in place enabling it to respond to events that may affect normal operations. The Blood Center’s greatest asset is its leadership team who takes a very proactive hands-on approach to making decisions, effectively enabling the organization to continue operations in accordance with its mission.

Most importantly, the Blood Center has plans in place to respond to any event that would adversely affect the local blood supply. Specifically, the Blood Center is part of a “Hub and Spoke” system facilitated by America’s Blood Centers. In the event a situation arises and the supply of blood is hindered in one region, other blood centers will supply the necessary aid and reinforcements helping the Blood Center maintain a stable supply of blood and blood products.

Business continuity during an emergency or disaster is ensured through a backup plan of communication in place at the Blood Center. The Blood Center’s dedicated landline is 512-452-4881 and the two dedicated cell numbers are 512-844-5846 and 512-627-6663. In the event land lines are jammed or otherwise not operational, use of the cell phone lines is recommended. If cell phones are working intermittently, texting is encouraged. In the event of an area wide disaster where the local Emergency Operations Center (EOC) is activated and the local blood supply is impacted, the Blood Center will have a communication designee. If neither landlines nor cell phones are operational, communications may be routed through the EOC.

Emergency Preparedness Recommendations for Hospitals

The Blood Center recommends that current routine and emergency contact information for the Blood Center be made readily available to staff. It is important to establish a plan for communication with the Blood Center during emergencies or disasters. Each hospital should consider the means and methods to provide updates during any emergency, where the blood supply is potentially impacted, to the Blood Center. Additionally, any changes to normal methods for delivery or receipt of blood products during an emergency at your facility should be communicated to the Blood Center.
Managing Blood Supply during Disasters and Reallocation of Blood Supply

In cases of regional, local or facility disasters or emergencies, reallocation of the blood supply may be necessary. The Blood Center maintains a system to identify inventory levels at all facilities in the region and to manage fair and equitable product distribution when abnormal usage or product shortages dictate careful rationing of available product.

Upon determination by the Blood Center that such a condition exists in the community, during an emergent situation, the Blood Center will notify facilities of the need for re-distribution of products and reallocate products as needed. The Blood Center will also make reasonable efforts to obtain products from outside sources as needed.

The facility will be requested to provide current stock levels. Also, the facility will be asked to evaluate its current inventory, for a possible release for re-distribution, as needed, and collaborate with the Blood Center to establish minimum emergency stock levels.

The Blood Center requests that hospitals provide current emergency contact names, phone and fax numbers, and on-call protocols as needed so that communications can be reliably transmitted during the emergency.
Section 4

Blood Services Agreement

In order for the Blood Center to provide blood products and services to a facility, an agreement must be in place. A signed contract ensures that all parties involved adhere to current regulatory requirements and defines the rights and responsibilities of each party.

The Blood Center recommends keeping a current copy of any Agreement in a location where it is readily available either for reference or in the event a JCAHO or other organization performing surveys/inspections asks to review the Agreement.

Copies of the Agreement can be requested by contacting the Director of Business development at 512-206-1156. Requests for copies of executed Agreements are typically filled within five business days.

This Customer Service Manual does not amend or supplement any executed Agreement with the Blood Center. The Customer Service Manual is for reference use only and does not supersede or amend any Agreement between any facility and BTC. The Agreement between the BTC and any facility is the sole document used to establish the responsibilities of the parties.
Section 5

Finance and Billing Policies

The Blood Center of Central Texas is a 501(c) (3) not-for-profit organization that provides critical transfusion services for our local communities. Fees are assessed to clients for actual services rendered. The facility ordering products and services is responsible for payment. The Blood Center is unable to bill physicians, Medicaid, Medicare, patients or third-party payers with the exception of therapeutic phlebotomies, which are collected at the time of donation.

Payment Options

Payment options are check, Automated Clearing House (ACH) transfers initiated by the facility and wire transfers initiated by the facility. The Blood Center does not accept credit card payments. Please contact the accounting department to arrange for ACH or wire payment.

Billing Transactions and Terms

Detailed invoices are generated daily. Billing periods are determined on a facility by facility basis based on volume and other considerations. Payment is due upon receipt and all invoices will be considered past due after 30 days. All facilities will receive detailed invoices or summary statements at their pre-designated billing intervals. Invoices that are delinquent more than 30 days will be subject to collection efforts, including but not limited to phone calls, emails, faxes, certified letters, COD terms and account holds. In order for payments to be processed correctly, please include the facility name and invoice number(s).

Credit Memo

Credit memos are issued to correct any billing inaccuracies as well as facility returns in excess of shipments. Additionally, credit memos will be issued when the product cannot be physically returned to our facility. All credit memos will have a unique identifying number and include all product or service information relevant to the return.
# Section 6 CPT/HCPCS Codes

## CPT Codes for Immunohematology Testing

(Not all services listed below are provided by the Blood and Tissue Center of Central Texas)

<table>
<thead>
<tr>
<th>Test</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABO/Rh (D) Type</td>
<td>86900 &amp; 86901</td>
</tr>
<tr>
<td>Antibody Adsorption – Allogeneic or Autologous</td>
<td>86978</td>
</tr>
<tr>
<td>Antibody Elution</td>
<td>86860</td>
</tr>
<tr>
<td>Antibody Identification Panel, per enhancement medium, per method</td>
<td>86870</td>
</tr>
<tr>
<td>Antibody Identification – Selected Cells</td>
<td>86870</td>
</tr>
<tr>
<td>Antibody Screen, per enhancement medium, per method</td>
<td>86850</td>
</tr>
<tr>
<td>Blood Typing; Rh (D)</td>
<td>86901</td>
</tr>
<tr>
<td>Blood Typing; RBC antigens, each</td>
<td>86902</td>
</tr>
<tr>
<td>CMV IgG Antibody Test</td>
<td>86644</td>
</tr>
<tr>
<td>Cold Agglutinin Screen</td>
<td>86156</td>
</tr>
<tr>
<td>Cold Agglutinin Titer</td>
<td>86157</td>
</tr>
<tr>
<td>Crossmatch (Electronic)</td>
<td>86923</td>
</tr>
<tr>
<td>Crossmatch (Gel)</td>
<td>86922</td>
</tr>
<tr>
<td>Crossmatch (IS)</td>
<td>86920</td>
</tr>
<tr>
<td>Crossmatch (AHG)</td>
<td>86922</td>
</tr>
<tr>
<td>Direct Antiglobulin Test</td>
<td>86880</td>
</tr>
<tr>
<td>Elution</td>
<td>86860</td>
</tr>
<tr>
<td>Fetal Screen (RBC or Hgb, rosette)</td>
<td>85461</td>
</tr>
<tr>
<td>Flow Cytometry; first marker, Fetal Hgb</td>
<td>88184</td>
</tr>
<tr>
<td>HLA Typing; A, B, or C, multi antigen</td>
<td>86813</td>
</tr>
<tr>
<td>HLA Typing; A, B, or C, single antigen</td>
<td>86812</td>
</tr>
<tr>
<td>Platelet Antibody Identification, Indirect</td>
<td>86022</td>
</tr>
<tr>
<td>Platelet Immunoglobulin Assay XM or PLA1</td>
<td>86023</td>
</tr>
<tr>
<td>RBC Antigens, not ABO or Rh (D), each</td>
<td>86905</td>
</tr>
<tr>
<td>RBC Treatment (Ficin) EGA, CHL, DTT, REST, ZZAP, W.A.R.M.</td>
<td>86970</td>
</tr>
<tr>
<td>Type and Screen</td>
<td>86900, 86901 &amp; 86850</td>
</tr>
</tbody>
</table>

Note: The CPT codes provided above are for informational purposes. It is a provider’s sole responsibility to verify the accuracy and appropriateness of codes and charges prior to submitting claims for reimbursement.
# Blood Products and Processing HCPCS Codes

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>HCPCS Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Blood</td>
<td>P9010</td>
</tr>
<tr>
<td>Whole Blood, Irradiated</td>
<td>P9010, 86945</td>
</tr>
<tr>
<td>Whole Blood, Leukoreduced</td>
<td>P9010</td>
</tr>
<tr>
<td>Whole Blood, Leukoreduced, Irradiated</td>
<td>P9056</td>
</tr>
<tr>
<td>Red Blood Cells (Autologous Only)</td>
<td>P9021</td>
</tr>
<tr>
<td>Red Blood Cells, Irradiated</td>
<td>P9038</td>
</tr>
<tr>
<td>Washed Red Blood Cells</td>
<td>P9022</td>
</tr>
<tr>
<td>Washed Red Blood Cells, Irradiated</td>
<td>P9057</td>
</tr>
<tr>
<td>Deglycerolized Red Blood Cells</td>
<td>P9039</td>
</tr>
<tr>
<td>Deglycerolized Red Blood Cells, Irradiated</td>
<td>P9057</td>
</tr>
<tr>
<td>Red Blood Cells, Leukoreduced</td>
<td>P9016</td>
</tr>
<tr>
<td>Red Blood Cells, Leukoreduced, Irradiated</td>
<td>P9040</td>
</tr>
<tr>
<td>Red Blood Cells, Leukoreduced, CMV negative, Irradiated</td>
<td>P9058</td>
</tr>
<tr>
<td>Washed Red Blood Cells, Leukoreduced</td>
<td>P9054</td>
</tr>
<tr>
<td>Washed Red Blood Cells, Leukoreduced, Irradiated</td>
<td>P9057</td>
</tr>
<tr>
<td>Deglycerolized Red Blood Cells, Leukoreduced</td>
<td>P9054</td>
</tr>
<tr>
<td>Deglycerolized Red Blood Cells, Leukoreduced, Irradiated</td>
<td>P9057</td>
</tr>
<tr>
<td>Red Blood Cells, Leukoreduced, Irradiated, Volume Adjusted (low</td>
<td>P9040, 86960</td>
</tr>
<tr>
<td>volume)</td>
<td></td>
</tr>
<tr>
<td>Red Blood Cells, Leukoreduced, Volume Reduced</td>
<td>P9016, 86960</td>
</tr>
<tr>
<td>Cryoprecipitate</td>
<td>P9012</td>
</tr>
<tr>
<td>Thawed Cryoprecipitate</td>
<td>P9012</td>
</tr>
<tr>
<td>Pooled Cryoprecipitate, from 5 donors</td>
<td>P9012x5, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 2 donors</td>
<td>P9012x2, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 3 donors</td>
<td>P9012x3, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, Pooled, from 4 donors</td>
<td>P9012x4, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, Pooled, from 5 donors</td>
<td>P9012x5, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 6 donors</td>
<td>P9012x6, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 7 donors</td>
<td>P9012x7, 86965</td>
</tr>
<tr>
<td>Product Description</td>
<td>Code</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 8 donors</td>
<td>P9012x8, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 9 donors</td>
<td>P9012x9, 86965</td>
</tr>
<tr>
<td>Thawed Pooled Cryoprecipitate, from 10 donors</td>
<td>P9012x10, 86965</td>
</tr>
<tr>
<td>Plasma, Cryo-Reduced</td>
<td>P9044</td>
</tr>
<tr>
<td>Thawed Plasma, Cryo-Reduced</td>
<td>P9044</td>
</tr>
<tr>
<td>Fresh Frozen Plasma (&gt;200mL &lt;400mL)</td>
<td>P9017</td>
</tr>
<tr>
<td>Thawed Fresh Frozen Plasma (&gt;200mL &lt;400mL)</td>
<td>P9017</td>
</tr>
<tr>
<td>Fresh Frozen Plasma (&gt;400mL &lt;600mL)</td>
<td>P9017x2</td>
</tr>
<tr>
<td>Thawed Fresh Frozen Plasma (&gt;400mL &lt;600mL)</td>
<td>P9017x2</td>
</tr>
<tr>
<td>Fresh Frozen Plasma (&gt;600mL)</td>
<td>P9017x3</td>
</tr>
<tr>
<td>Thawed Fresh Frozen Plasma (&gt;600mL)</td>
<td>P9017x3</td>
</tr>
<tr>
<td>Apheresis Platelets, Leukoreduced</td>
<td>P9035</td>
</tr>
<tr>
<td>Apheresis Platelets, Leukoreduced, Volume Reduced</td>
<td>P9035, 86960</td>
</tr>
<tr>
<td>Apheresis Platelets, Leukoreduced, Irradiated</td>
<td>P9037</td>
</tr>
<tr>
<td>Apheresis Platelets, Leukoreduced, Irradiated, Volume Reduced</td>
<td>P9037, 86960</td>
</tr>
<tr>
<td>Acrodose® Pooled Platelets (Platelets, Leukocytes Reduced, each unit)</td>
<td>P9031x5</td>
</tr>
<tr>
<td>Acrodose® Pooled Platelets, Irradiated (Platelets, Leukocytes Reduced, each unit)</td>
<td>P9033x5</td>
</tr>
<tr>
<td>Apheresis Granulocytes</td>
<td>P9050</td>
</tr>
<tr>
<td>Apheresis Granulocytes, Irradiated</td>
<td>P9050, 86945</td>
</tr>
<tr>
<td>Octaplas®</td>
<td>P9023</td>
</tr>
<tr>
<td>CMV Negative</td>
<td>86644</td>
</tr>
<tr>
<td>Donor Sickle Cell Screening (per test)</td>
<td>85660</td>
</tr>
</tbody>
</table>

**Note:** The HCPCS codes provided above are for informational purposes. It is a provider’s sole responsibility to verify the accuracy and appropriateness of codes and charges prior to submitting claims for reimbursement.

**Note:** All platelet products manufactured by The Blood Center of Central Texas are screened for bacterial contamination using the FDA approved Pall eBDS Bacteria Detection System.
Section 7

Client Relations / Customer Service

Contact Information

Director of Business Development...........................................512-206-1156
Director of Technical Services..............................................512-206-1166
Laboratory Management.......................................................512-206-1317
Hospital Services Management.............................................512-206-1145
Components Management.....................................................512-206-1197

Purpose

The Blood Center is committed to providing exceptional customer service, as well as technical and regulatory support to its clients. Customer feedback is appreciated. All concerns and suggestions are carefully evaluated, with resolution provided to our customers promptly.

Concerns regarding blood product orders should be directed to Hospital Services Management or the Director of Technical Services for immediate attention. Customer complaints may be reported to any of the contacts above via telephone, letter, email, fax, or in person.

Upon receipt of a complaint, a formal investigation is initiated. If blood products are impacted, return of the products will be requested for immediate quarantine. The investigation is tracked by the Quality Assurance Department, and upon completion of the investigation the customer will be notified of resolution.
Section 8

Circular of Information

The Circular of Information for the Use of Human Blood and Blood Components is prepared jointly by AABB, the American Red Cross, America’s Blood Centers, and the Armed Services Blood Program. The Food and Drug Administration recognizes this Circular of Information as an acceptable extension of container labels, as the space on those labels is limited.

A printed copy of the current Circular of Information can be obtained from the Blood Center or it can be accessed online at www.aabb.org/resources.
Section 9

Blood Collections

For hours of operations or to schedule an appointment, please call 512-206-1266 or visit www.inyourhands.org

<table>
<thead>
<tr>
<th>Donation Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Donor Center</td>
</tr>
<tr>
<td>4300 N Lamar Blvd</td>
</tr>
<tr>
<td>Austin, TX 78756</td>
</tr>
<tr>
<td>Round Rock Donor Center</td>
</tr>
<tr>
<td>2132 North Mays, Suite 900</td>
</tr>
<tr>
<td>Round Rock, TX 78664</td>
</tr>
<tr>
<td>South Austin Donor Center</td>
</tr>
<tr>
<td>3100 West Slaughter Lane, Suite A-106</td>
</tr>
<tr>
<td>Austin, Texas 78748</td>
</tr>
</tbody>
</table>

Blood Drive Information

Area organizations may schedule blood drives with the Blood Center. Mobile blood drives may be set up inside a building in an approved location or held outside in one of our mobile buses.

If you would like to set-up a blood drive, one of our Account Executives will visit with you to help you determine the logistic needs and provide planning and promotional assistance. Account Executives are also available to make presentations to your staff regarding blood donation.

If you are interested in scheduling a blood drive, please call our main number at 512-206-1266 or email blooddrives@inyourhands.org to be connected to the Account Executive that services your location.
Section 10

Special Donations

Contact Information:

Special Donations Department
4300 North Lamar Boulevard
Austin, TX 78756
Phone: (512) 206-1265 or (512) 206-1266
Fax: (512) 206-1365

Autologous Donation

Physician Ordering of Autologous Blood

Autologous donations are performed by appointment at the Austin Donor Center located at 4300 North Lamar Boulevard.

To request collection and preparation of autologous blood, the patient’s physician must complete an Autologous Physician Request form. An Autologous Physician Request form can be printed directly from the Client website at www.inyourhands.org, or can be requested by contacting the Special Donations Department at (512) 206-1265 or (512) 206-1266.

Completed Autologous Physician Request forms should be faxed to the Special Donations Department at (512) 206-1365. Careful attention in completing all of the requested information and ensuring the Autologous Physician Request form has been signed will expedite the scheduling process and allow the Blood Center to better serve the autologous donor.

Upon receipt of the completed Autologous Physician Request form, a representative from the Special Donations Department will contact the autologous donor using the contact information provided on the Autologous Physician Request form to schedule the donation appointment(s).

Scheduling an Autologous Donation Procedure

When scheduling autologous blood donation appointments, the Special Donations Department representative takes the type and number of product(s) requested, donation method, processing/delivery time, product shelf life, time constraints imposed by the anticipated surgery date and scheduling limitations of the autologous donor into account when determining an appropriate autologous donation schedule.
Ideally, autologous donations should begin no more than 28 days prior to the anticipated transfusion date, be scheduled at least one week apart (if multiple donations are required), and be completed at least one week before the anticipated transfusion date. If constraints prevent an autologous donor from following the ideal autologous donation schedule, the Special Donations Department representative will make every effort to fulfill the autologous request while adhering to federal and industry guidelines regarding allowable donation frequency.

**Qualifying for an Autologous Donation Procedure**

All autologous donors are required to satisfactorily complete a physical examination and oral screening prior to blood donation. The purpose of the physical examination and oral screening is to determine that the donor's weight, vital signs (pulse, blood pressure, temperature), hematocrit and health history are within acceptable limits defined for the phlebotomy procedure. Autologous donors with certain active or recent medical conditions such as heart disease, respiratory disease or any other medical condition where a prolonged vasovagal reaction or loss of 500ml of blood may pose a safety risk to the autologous donor may be required to submit written documentation from their physician in order to ascertain suitability for autologous donation.

The qualification criteria for autologous donations are less strict than the qualification criteria for regular blood donations. Because autologous donors are evaluated differently than regular blood donors, unused autologous units cannot be crossed over into routine blood inventory and must be discarded.

A parent or legal guardian is required to provide the health information and necessary consent for autologous donors under the age of 17 years or autologous donors over the age of 17 years who are unable to reliably disclose their own health information or consent due to illness or disability.

**Transfusion Facility Notification of Autologous Blood**

Following collection and prior to delivery of autologous blood, Hospital Services will issue hard copies of the Autologous Donation Notification and signed Autologous Donor Fee Agreement forms to the facility that will receive the autologous blood. The Special Donations Department should be contacted at (512) 206-1265 or (512) 206-1266 with any questions regarding the Autologous Donation Notification and signed Autologous Donor Fee Agreement forms.

In the event of a change in anticipated surgery date and/or surgical facility, the requesting physician and/or receiving facility must immediately notify the Special Donations Department at (512) 206-1265 or (512) 206-1266. Failure to
communicate changes in surgery date or facility may result in autologous blood being delayed or unavailable.

**Testing of Autologous Blood**

All blood, including autologous donations, is tested in accordance with federal/industry guidelines. All autologous blood is tested for ABO group and Rh type, unexpected red blood cell antibodies, and a variety of markers associated with increased risk for transmissible disease. It’s possible that unforeseen technical difficulties may prevent blood testing, which may subsequently result in the loss of the blood unit.

Autologous blood units with positive screening and/or confirmatory serological testing results may be retained for use by the autologous donor. All unused autologous units are discarded regardless of serological results and are never crossed over into routine blood inventory. In the event of positive screening and/or confirmatory serological testing results, both the autologous donor and ordering physician are notified of the abnormal results. In certain circumstances, hospital notification will apply.

**Fees for Autologous Blood**

Autologous units are subject to a special handling fee in addition to the standard processing fee. The receiving facility will be billed for all costs associated with the autologous blood unit(s) regardless of whether the blood is transfused.

**Directed Donation**

**Physician Ordering of Directed Blood**

A directed donation is a blood donation for a specified patient from a donor chosen by the patient who meets the federal/industry qualification guidelines to be a regular allogeneic donor. Because directed donors meet federal/industry qualification guidelines to be a regular allogeneic donor, directed donations can be crossed over into the routine blood inventory if they are not used by the specified patient.

Directed donations are performed by appointment at the Austin Donor Center located at 4300 North Lamar Boulevard.

To request collection and preparation of directed blood, the patient’s physician must complete a Directed Donor Request form. A Directed Donor Request form can be printed directly from the client website at [www.inyourhands.org](http://www.inyourhands.org), or can be requested by contacting the Special Donations Department at (512) 206-1265 or (512) 206-1266.
Completed Directed Donor Request forms should be faxed to the Special Donations Department at (512) 206-1365. Careful attention in completing all of the requested information and ensuring the Directed Donor Request form has been signed will expedite the scheduling process and allow the Blood Center to better serve the specified patient and directed donor.

Upon receipt of the completed Directed Donor Request form, a representative from the Special Donations Department will contact the specified patient using the contact information provided on the Directed Donor Request form to obtain the name(s) and contact information for prospective directed blood donor(s). The specified patient must authorize all prospective directed donors before the donor can be scheduled and drawn.

**Scheduling a Directed Donation Procedure**

When scheduling directed blood donation appointments, the Special Donations Department representative takes initial donor compatibility, the type and number of product(s) requested, donation method, processing/delivery time, product shelf life, time constraints imposed by the anticipated transfusion date and scheduling limitations of the directed donor into account when determining an appropriate directed donation schedule. In order to guarantee that a directed blood donation will be available by a specified date, the blood donation must take place at least one week in advance of the anticipated transfusion date.

**Qualifying for a Directed Donation Procedure**

A directed donor’s blood type and Rh factor must at minimum be compatible with the specified patient’s blood type and Rh factor. Even with a compatible blood type and Rh factor, the Blood Center cannot guarantee that the directed blood will be compatible with the specified patient until the final crossmatch is performed by the transfusing facility. In the event that directed blood is determined to be incompatible with the specified patient, the directed blood will not be made available to the specified patient and the directed donation handling fee will not be refunded. For a fee, blood typing and CMV testing for potential directed donors can be performed by the Blood Center for the purposes of establishing initial compatibility. All testing fees are due at the time the blood samples are collected. Fees are payable by cash, check or credit card. Testing results are typically available within 24 to 48 hours.

Directed donors must meet all of the same federal/industry qualification guidelines as a regular allogeneic donor. Frequently encountered blood donation qualification criteria can be found on our website at [www.inyourhands.org](http://www.inyourhands.org). Qualification exceptions are rare and are only granted when medical necessity has been established by the specified patient’s physician, and approved by the Blood Center’s Medical Director.
Directed unit(s) collected from blood relatives (i.e. biological parent, sibling, aunt/uncle, etc.) will require additional processing in the form of irradiation, as recommended by AABB, to prevent graft versus host disease. An additional fee is applicable for all irradiated blood unit(s).

**Transfusion Facility Notification of Directed Blood**

Following collection and prior to delivery of directed blood, Hospital Services will issue a hard copy of the Directed Donation Notification form to the facility that will receive the directed blood. The Special Donations Department should be contacted at (512) 206-1265 or (512) 206-1266 with any questions regarding the Directed Donation Notification form.

In the event of a change in anticipated transfusion date and/or transfusing facility, the requesting physician and/or receiving facility must immediately notify the Special Donations Department at (512) 206-1265 or (512) 206-1266. Failure to communicate changes in transfusion date or facility may result in directed blood being delayed or unavailable.

**Testing of Directed Blood**

All blood, including directed donations, is tested in accordance with federal/industry guidelines. All directed blood is tested for ABO group and Rh type, unexpected red blood cell antibodies, and a variety of markers associated with increased risk for transmissible disease. It’s possible that unforeseen technical difficulties may prevent blood testing, which will subsequently result in the loss of the blood unit.

Directed blood units with positive screening and/or confirmatory serological testing results will not be made available to the specified patient and must be discarded. Exceptions are rare and are only granted when medical necessity has been established by the specified patient’s physician, and approved by the Blood Center's Medical Director. The directed donation handling fee will not be refunded for any directed unit(s) discarded for positive screening and/or confirmatory serological testing results. In the event of positive screening and/or confirmatory serological testing results, the directed donor is notified of the abnormal results. Additionally, the specified patient will be contacted to identify a replacement donor. All medical information pertaining to the donor is kept confidential and is not disclosed to the specified patient.

**Fees for Directed Blood**

Directed blood units are subject to a special handling fee in addition to the standard processing fee. The special handling fee is applicable to each directed donor and is due at the time of collection of the directed blood. Fees are payable by cash, check or credit card. The receiving facility will be billed for the standard
processing fees. Any unused directed blood, unless indicated otherwise, may be
crossed over into the routine blood inventory with the appropriate personnel
authorization since directed donors meet all of the same federal/industry
qualification guidelines as a regular allogeneic donor. The directed donation
handling fee will not be refunded for any directed unit that is crossed over into the
routine blood inventory.

*Dedicated Donation*

A dedicated donation is a blood donation for a specified patient from a donor who does
NOT meet the federal/industry qualification guidelines to be a regular allogeneic donor,
but has been approved by the Blood Center's Medical Director for donation due to
established medical necessity. Because dedicated donors do NOT meet federal/industry qualification guidelines to be a regular allogeneic donor, dedicated
donations are never crossed over into the routine blood inventory.

To request collection and preparation of dedicated blood, the patient’s physician should
contact the Blood Center main phone number at (512) 206-1266 and request to speak
with a Donor Services or Technical Services Director.

*Therapeutic Donation*

*Ordering and Scheduling a Therapeutic Phlebotomy*

Therapeutic phlebotomies are performed by appointment at the Austin Donor
Center located at 4300 North Lamar Boulevard.

To request therapeutic phlebotomy, the patient’s physician must complete a
Therapeutic Phlebotomy Physician Request form. A Therapeutic Phlebotomy
Physician Request form can be printed directly from the client website at
www.inyourhands.org, or can be requested by contacting the Special Donations
Department at (512) 206-1265 or (512) 206-1266.

Completed Therapeutic Phlebotomy Physician Request forms should be faxed to
the Special Donations Department at (512) 206-1365. Careful attention in
completing all of the requested information, including target hematocrit, and
ensuring the Therapeutic Phlebotomy Physician Request form has been signed
will expedite the scheduling process, and allow the Blood Center to better serve
the therapeutic donor. Therapeutic Phlebotomy Physician Request forms are
valid for six months from the ‘begin therapy’ date specified on the form.

Upon receipt of the completed Therapeutic Phlebotomy Physician Request form,
a representative from the Special Donations Department will contact the
therapeutic donor using the contact information provided on the Therapeutic
Phlebotomy Physician Request form to schedule the donation appointment(s).
**Qualifying for a Therapeutic Phlebotomy**

Therapeutic donors are not required to meet the federal/industry qualification guidelines of a regular allogeneic donor. Blood from therapeutic donors is not tested and is discarded immediately following collection.

Therapeutic donors with certain active or recent medical conditions such as heart disease, respiratory disease or any other medical condition where a prolonged vasovagal reaction or loss of 500ml of blood may pose a safety risk to the therapeutic donor may be required to submit written documentation from their physician in order to ascertain suitability for therapeutic phlebotomy.

A target hematocrit is a required field on the Therapeutic Phlebotomy Physician Request form. If the therapeutic donor’s hematocrit is at or below the target hematocrit documented on the Therapeutic Phlebotomy Physician Request form, the donor cannot be phlebotomized.

**Therapeutic Phlebotomy Fees**

Therapeutic phlebotomies are subject to a fee, which is due at the time of collection. Fees are payable by cash, check or credit card.
Section 11
Blood Products

Contact Information

Laboratory ................................................................. 512-206-1226
Hospital Services ....................................................... 512-206-1229
Components .................................................................. 512-206-1222
Director of Technical Services ................................. 512-206-1166

Available Blood Products

All components listed below are ordered through the Hospital Services Department. Please refer to Hospital Services/Distribution section of this manual for ordering details.

Product descriptions and intended use are available in the Circular of Information, which can be found online at: www.aabb.org/resources.

Products collected and/or routinely inventoried by the Blood Center include:

- Red Blood Cells, Leukocyte Reduced (ACD-A/AS-1, ACD-A/AS-3,CPDA-1, and CPD/AS-1); all red blood cell products collected and processed at the Blood Center are leukocyte reduced
- Cryoprecipitate AHF
- Pooled Cryoprecipitate AHF
- Fresh Frozen Plasma; adult (190-399mL), pediatric use contains 3 aliquots of approximately 50-100 mL
- Platelets, Apheresis, Leukocyte Reduced
- Acrodose™ Pooled Platelets, Leukocyte Reduced

Products available upon request:

- Whole Blood, Leukocyte Reduced,CPDA-1
- Octaplas™ Pooled Plasma (Human), Solvent Detergent Treated Solution for Intravenous Infusion
- Buffy Coats / Granulocytes – Contact Technical Services Management
- Cryoprecipitate Reduced Plasma
- HLA Matched platelets and granulocytes – Contact Technical Services Management
Special Processing

Special processing of blood products are ordered through the Hospital Services department, and processed by the Components Department. Please refer to the Hospital Services/Distribution Policies section of this manual for ordering.

- Washed red blood cells
- Red blood cell freezing and deglycerolization
- Aliquots of platelets
- Plasma-reduction of platelets

Product Testing and Labeling

All blood is tested in accordance with federal/industry guidelines. A list of current donor screening tests is provided below:

Serological Testing
- ABO/Rh
- Syphilis
- Antibody Screen
- Anti-CMV (as requested)

Infectious Disease Testing
- Hepatitis B Core Antibody (Anti-HBc EIA)
- Hepatitis B Surface Antigen (HBsAg EIA)
- Hepatitis C Virus Antibody (Anti-HCV EIA)
- Human Immunodeficiency Virus Antibody (HIV 1/2 plus O)
- Human T-Lymphotropic Virus Antibody (HTLV-I/II)
- HIV-1/HCV/HBV Nucleic Acid Testing
- WNV Nucleic Acid Testing
- Trypanosoma cruzi Antibody (Chagas testing is performed on donations from donors with no history of Chagas testing)

Bacterial Detection
- Performed on all platelet products manufactured at the Blood Center.

Product Labeling
- All blood products produced at the Blood Center are labeled with the ISBT format. A list of ISBT product codes for commonly distributed products is available on the Blood Center client website at www.inyourhands.org.
Emergency Release of Untested Components

When the need for blood and/or blood components is necessary for patient survival and time does not allow for all required testing to be completed, as indicated in Section IV above, the Blood Center may release components prior to the completion of all testing upon request. Requests should be directed to the Director of Technical Services at 206-1166 or 206-1226. Cytomegalovirus may be required if specifically requested by the ordering physician.

- Prior to authorizing the use of the emergency release procedure, the Blood Center Medical Director approval must be obtained.

- It is the responsibility of the transfusing facility to explain the testing status of the units to the transfusing physician. Prior to releasing the unit(s) for transfusion, the transfusing physician must acknowledge understanding and responsibility by signing the emergency release form.
Section 12

Hospital Services / Distribution

Contact Information

Hospital Services/Distribution Department
Phone (24 hours/day) ......................................................... 512-206-1229
Fax ................................................................. 512-458-1514
Hospital Services Manager .................................................. 512-206-1145

Placing an Order

Routine stock orders are typically placed by faxing the Hospital Inventory Report, or by calling Hospital Services. Special orders, such as antigen-specific orders, irradiation orders, etc. are placed by faxing in the Special Product Order Form. All other orders are typically placed by phone.

Faxed orders

The Hospital Inventory Report or Special Product Order Form must be complete and legible.

- For ASAP, STAT and Special Request orders – please follow up a faxed order with a phone call.

Phone Orders

When placing a phone order, please:

- Clearly identify yourself and your facility.
- Specify the product that is needed, the quantity and the blood type, as well as any alternatives if possible.
- Specify the time requirements for the order so Hospital Services can prioritize and coordinate the workload.

Hospital Services staff processes STAT orders as the highest priority and ASAP orders as the next highest priority. Routine stock orders are processed and delivered as efficiently as possible to reduce operating costs while ensuring the highest level of customer service. Hospital Services staff may contact ordering facilities for clarification of orders or to negotiate quantities, depending on product availability.
**Order Status**

**STAT Order**

STAT orders are placed in situations where any delays in the provision of blood or blood products will endanger the life of the patient. STAT orders are processed as the highest priority. Depending on product availability they are filled and dispatched for delivery immediately upon receipt. The target turn-around time for STAT orders is 1 hour for in-town facilities, and 2 hours for out-of-town facilities.

Hospital Services will use the products available to fill a STAT order, including short-dated units. If suitable products are not available to fill the order, Hospital Services will take all reasonable steps to obtain the desired products, including:

- Transferring products from one hospital to another.
- Importing products from other blood centers.

Hospital Services staff will provide ongoing updates for product availability and delivery times.

**ASAP Order**

ASAP orders are any orders that are placed outside of routine scheduled delivery times. The need is not STAT, however due to clinical requirements the next routine scheduled delivery time will not be sufficient.

When placing an ASAP order, please specify a desired arrival time. The Blood Center will make all reasonable efforts to ensure delivery by the specified time. The target turn-around time for ASAP orders is 2 hours for in-town facilities, and 3 hours for out-of-town facilities. If any delays are encountered, Hospital Services staff will communicate the anticipated delivery time with as much notice as possible.

**Routine Stock Order**

Routine stock orders are placed according to the facility’s defined delivery schedule. These will be filled and delivered within the agreed upon timelines. Hospital Services will work to meet special delivery requests while prioritizing and managing routine deliveries.
Order Documentation

A Packing List will be sent with each delivery. The Packing List will indicate the products ordered and shipped, as well as any additional information that is related to the order, including patient information and delivery charges.

We recommend that you compare the Packing List to the products received at the time of receipt. If a discrepancy is noted, please bring this to the attention of Hospital Services Associate before signing the Packing List.

When the Blood Center computer is not available, Hospital Services Associates document product shipments using a manual shipping form. This process also includes product transfer between hospitals. Whenever the computer becomes available, the shipment is updated and a copy of the electronically generated Packing List will be forwarded to the facility for their records.

Delivery Options:

Hospital Services staff make the majority of local deliveries.

A courier service may sometimes be used for blood deliveries and to pick up patient samples for testing. The courier service is contractually obligated to manage all Blood Center business as high priority. Any concerns regarding the courier service should be brought to the attention of the Hospital Services Manager using the contact information above.

Product Substitution:

Hospital Services strives to fulfill all requests as ordered. Depending on product availability, or to optimize inventory utilization, substitutions may be offered from time to time. Products will not be substituted without consultation with and approval from the ordering facility.

Inventory Management:

Product Return- Product rotation and return agreements for each facility are delineated and managed per contract. In order for approved products to be accepted for return, they must meet all specifications as outlined in the contract. Depending on community inventory levels and need, the Blood Center may elect to return or not return specific products to ensure adequate inventory levels throughout the community, and provide the best opportunity for each product to be utilized. Product returns are documented on the Product Return and Transfer form, available from Hospital Services.
**Product Transfer**- When necessary, the Blood Center may transfer products from one facility to another. The criteria for blood products to be acceptable for transfer are the same as those for product return. Hospital to hospital transfers are documented manually and on the Product Return and Transfer form.

**Product Shortages**- In the event of critically low inventory levels of any particular blood type or blood product, the Blood Center will notify facilities via fax or phone call. The Blood Center requests that each facility evaluate their inventory levels and make any adjustments to usage necessary, in partnership with the Blood Center to ensure an adequate blood supply throughout the community.

**Short-Dated Products**- The Blood Center will, from time to time, notify hospitals via fax or phone call when there is an excess of short-dated products. This notification will allow hospitals to evaluate their inventories and anticipated needs and partner with the Blood Center to ensure that each product has the best opportunity to be utilized. This helps reduce overall operating costs by minimizing outdates.

**Managing Products in an Emergency**- In the event of an emergency, the Blood Center may retrieve suitable products from any facility to ensure emergent needs are met at other facilities. While doing so, the Blood Center will work to ensure that all facilities maintain an adequate inventory to meet emergent needs. This may require inventory levels at less than par while additional products are procured, either through increased local collections or imports from other areas.

**O Negative Red Blood Cells**- The Blood Center places special focus on community inventory levels of universal donor group O Negative red blood cells. It is important that each hospital has a plan in place to conserve O Negative red blood cells for patients who must receive them to mitigate community shortages. The Blood Center can provide recommendations for appropriate O Negative red blood cell use upon request. Please contact the Director of Technical Services for more information.
Section 13

Laboratory and Transfusion Services

Contact Information

Laboratory
Phone (24 hours/day) ............................................ 512-206-1226
Fax ................................................................. 512-458-1514
Laboratory Manager ............................................... 512-206-1317
Hospital Services .................................................. 512-206-1229

General Information for Patient Testing Services

The laboratory department staff is available to provide service 24 hours a day, 365 days a year.

The Laboratory department provides the following services:
- Locate/screen antigen negative donor units
- Crossmatch services (Compatibility Clients only)
- Antibody identification
- ABO discrepancy resolution testing
- Coordinate special testing for patients with rare antibodies
- Coordinate molecular red cell antigen testing
- Coordinate patient HLA testing
- Locate HLA matched platelets
- Locate platelets for patients with platelet antibodies

Laboratory Tests and Specimen Requirements

The following table lists the laboratory tests available at the Blood Center, and the specimen requirements for each test. Volume requirements vary with the quantity and complexity of tests ordered. Please call the Blood Center laboratory prior to sending a sample for antibody identification testing. A copy of the Transfusion Medicine Request Form can be printed directly from the Client website at www.inyourhands.org.
<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABO/Rh TYPE</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>ANTIBODY ADSORPTION</td>
<td>4-5 7ml EDTA tubes</td>
</tr>
<tr>
<td>ANTIBODY ELUTION</td>
<td>2-3 7ml EDTA tubes</td>
</tr>
<tr>
<td>ANTIBODY IDENTIFICATION PANEL</td>
<td>2-3 7ml EDTA tubes</td>
</tr>
<tr>
<td>ANTIBODY IDENTIFICATION – ELUATE</td>
<td>2-3 7ml EDTA tubes</td>
</tr>
<tr>
<td>ANTIBODY NEUTRALIZATION</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>ANTIBODY SCREEN</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>ANTIBODY SCREEN - GEL METHOD</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>ANTIGEN TYPING</td>
<td>Segment from red cell product</td>
</tr>
<tr>
<td>CROSSMATCH</td>
<td>1 7 ml EDTA tube</td>
</tr>
<tr>
<td>DIRECT ANTIGLOBULIN TEST - polyspecific AHG</td>
<td>1 7 ml EDTA tube</td>
</tr>
<tr>
<td>DIRECT ANTIGLOBULIN TEST - IgG/C3 AHG</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>PATIENT ANTIGEN TYPE</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>PATIENT CELL PRE – TREATMENT</td>
<td>2-3 7 ml EDTA tubes</td>
</tr>
<tr>
<td>SALINE REPLACEMENT for Rouleaux</td>
<td>1 7ml EDTA tube</td>
</tr>
<tr>
<td>SICKLE CELL SCREENING</td>
<td>Segment from red cell product</td>
</tr>
<tr>
<td>TRANSFUSION RXN WORKUP</td>
<td>1-7ml EDTA &amp; 1 red top tube</td>
</tr>
<tr>
<td>TYPE &amp; SCREEN</td>
<td>1-2 7ml EDTA tubes</td>
</tr>
</tbody>
</table>

**Specimen Collection and Requisitions**

It is the responsibility of the requesting facility to collect and properly label blood samples for testing. Collection materials including sample collection tubes and a blood bank wristband are provided to Compatibility Clients by the Blood Center laboratory. Refer to the request form for sample labeling requirements.

Please make every effort possible to investigate transfusion history for each patient sample sent to the Blood Center. This includes asking the patient and/or family members. Transfusion and or antibody history information is important to streamline testing and ensure the most suitable products are transfused.

**Specimens for testing and associated paperwork are delivered to:**

The Blood Center of Central Texas- Laboratory  
4300 North Lamar Blvd.  
Austin, TX 78756
Specimens may be delivered in the following manner:

- Call the Laboratory or Hospital Services department to arrange a specimen pick-up. There is a fee associated with this service.
- Send the specimens with a Blood Center staff member on a regularly scheduled delivery. This arrangement is suitable for samples with no urgency and will incur no additional charges.
- Using the ordering facility's courier or via taxi.

Unacceptable Specimens

NOTE: The Blood Center will reject incomplete or inaccurately labeled specimens. Samples and the Transfusion Medicine Request form must be in agreement. Proper identification of the specimen is essential to providing accurate laboratory results and safe transfusions. If a specimen is rejected, the laboratory will notify the ordering facility by phone.

Test Cancellation

Tests may be canceled without charge if the cancellation notification is received prior to starting the testing. If the test request is for grouped testing, the client will be charged only for the tests started before the cancellation notification is received.

Results and Reports

Upon completion of testing, a results report is faxed and the client will be notified of completion, depending on the priority of the order. The client will also be notified when complex or difficult serological test cases necessitate additional time. Information on anticipated turn-around time will be given on a case-by-case basis.

Priority

STAT orders are processed as the highest priority. Tests are of critical nature and results must be available within 1-2 hours of receipt of the sample. If the workup is complex, additional testing time may be required.

ASAP orders are processed at the next highest priority. Testing request is of critical nature and results are required for optimal diagnosis and treatment.

Routine orders are processed as efficiently as possible within workload constraints. Testing is of less critical nature than STAT or ASAP - optimal diagnosis and treatment decisions cannot be made until the results are available.
Red Blood Cell Antigen Screening

The laboratory department will make every effort to provide antigen negative red blood cell components for patients with clinically significant antibodies. In addition, historically antigen negative units may be provided upon request. When historically antigen negative units are provided, it is the responsibility of the ordering facility to verify the antigen type of the product.

If the requested antigen negative blood is not readily available in the inventory, staff will screen units in inventory to find the requested antigen negative units. If units cannot be found, other blood centers will be called in an effort to locate requested units. Approval to order from outside facilities will be requested from the ordering facility.
Patient Collection Packet:

Refer to the Information Sheet provided by the Blood Center for details regarding information listed below. The information can also be found on the client website at www.inyourhands.org.

- Operating hours and contact information
- Sample Collection
- Platelet and Red Blood Cell orders
- Product Issue
- Transfusion Requirements
- Suspected Transfusion Reaction Management
- Emergency Release of Blood Products

Emergency Release of Blood Products

If blood products are needed prior to obtaining a sample for testing, call the Blood Center laboratory. The laboratory staff will guide you through the emergency release process. Be prepared with the following information:

- Patient’s name
- Requesting Physician (the physician will be required to sign for the responsibility to transfuse uncrossmatched units).

Collect properly labeled samples according to the Sample Collection section above. **Please ensure samples are ready for pick-up at the time the uncrossmatched products are delivered to ensure STAT processing.**

The employee receiving the uncrossmatched products must sign an Emergency Release of Blood Products Pending Compatibility Testing form acknowledging receipt of the products.

The physician and transfusionist must then sign the Emergency Release form acknowledging responsibility for the decision to transfuse. Fax the completed form to the Blood Center laboratory as soon as possible.

If the emergent situation continues, it is recommended to transport the patient to the nearest hospital, as the Blood Center cannot support emergent transfusion requirements of an ongoing nature.
Section 14

Reporting Suspected Transfusion Complications

**Suspected Transfusion Transmitted Infection**

When a facility identifies a possible transfusion transmitted infection:

The facility should notify the Blood Center within twenty-four (24) hours of initial infection. A form to document the suspected transfusion transmitted infection should be requested from the Blood Center laboratory. Please forward the completed form to Blood Center.

The Blood Center will thoroughly investigate all reports of suspected transfusion transmitted infection and will notify the reporting facility of the investigation outcome as soon as possible.

**Transfusion Related Acute Lung Injury (TRALI)**

When a facility identifies a suspected case of Transfusion Related Acute Lung Injury (TRALI), the facility should notify the Blood Center laboratory as soon as possible. A form will be provided to the facility to document the patient information related to the event.

The Blood Center will consult with the Blood Center’s Medical Director for evaluation of the case. The Medical Director will accept or reject the suspected TRALI case based on the patient information provided by the facility. The facility will then be notified of the decision to accept or reject the case.

If the case is accepted, the Blood Center will investigate reported suspected TRALI cases. The investigation may include:

- Product quarantine
- Testing associated donor for HLA Antibodies and granulocytes.

The reporting facility will be notified in writing of the final results of the investigation.

**Transfusion Fatalities**

When a facility identifies a transfusion fatality or other serious, unexpected adverse event that is suspected to be related to an attribute of a donor or a unit, the facility should notify the Blood Center immediately, including the Blood Center Quality Assurance Department. Subsequent written notification to the Blood Center is also required.
The facility is also required to notify the FDA according to FDA Guidance for Industry, September 22, 2003, “Notifying FDA of Fatalities Related to Blood Collection or Transfusion”, as amended. The Blood Center will review applicable records for donor and product, and submit final written summary of any investigation to the facility and the FDA.

**Transfusion Reactions**

**For Compatibility Clients only:**

When a transfusion reaction is suspected, refer to the Information Sheet for Transfusion Facilities and notify the ordering physician and Blood Center laboratory immediately.
Section 15

Therapeutic Apheresis Services

Contact Information

To initiate a contract, or to inquire about procedures or services, please contact:

Director of Business Development
4300 N. Lamar Blvd.
Austin, Texas 78756
(512) 206-1156

Stem Cell Collection Services

The Blood Center offers stem cell collection services and currently provides autologous peripheral blood stem cell collections for further manufacturing by Dendreon Corporation to create Provenge®, an autologous active cellular immunity treatment for asymptomatic or minimally symptomatic, metastatic, castrate resistant, hormone refractory prostate cancer. Any physicians interested in prescribing Provenge® can contact the Director of Business Development for Dendreon Corporation contact information.

The Blood Center is also currently partnered with NeoStem® to collect stem cells to bank for future medical (autologous) use. NeoStem® is the first company to provide an adult stem cell collection and banking service to the general population.

The Therapeutic Apheresis staff consists of specialized Apheresis Technicians who perform the procedure using an automated collection device and Registered Nurses who oversee patient monitoring, medication administration and central line care, as needed. All Apheresis Technicians and Clinical Apheresis Nurses are CPR (Cardiac Pulmonary Resuscitation) certified.
Therapeutic Apheresis Services

A variety of Therapeutic Apheresis Services are available to treat a wide range of disease states. Contact the Director of Business Development to discuss your Therapeutic Apheresis needs.

Diseases which may be treated by Therapeutic Apheresis:

- **Plasmapheresis/ Therapeutic Plasma Exchange (TPE)**
  - Bone Marrow recipient receiving ABO incompatible marrow
  - Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
  - Eaton-Lambert Syndrome
  - Goodpasture Syndrome
  - Guillain-Barre Syndrome
  - Hemolytic Uremic Syndrome
  - Hyperviscosity Syndromes
  - Multiple Myeloma (High Protein Load)
  - Myasthenia Gravis
  - Paraproteinemia (High Protein Load)
  - Post-Transfusion Purpura
  - Refsum Disease
  - Thrombotic Thrombocytopenic Purpura
  - Waldenstrom Macroglobulinemia
  - Other situations, as determined after consultation with The Blood Center of Central Texas’s medical staff.

- **Cell Depletion or Exchange Procedures**
  - Sickle Cell Anemia:
    - Pre-operative
    - Refractory pain crisis
    - Acute chest syndrome
    - Priapism
  - Acute leukemia with severe leukocytosis
  - Essential Thrombocytopenia
  - Severe Malaria or Babesiosis
  - Life-threatening hemolysis from incompatible blood transfusion

Contract / Privileges

Due to regulatory considerations, a contract is required to initiate any therapeutic apheresis services. Please contact the Director of Business Development at 512-206-1156 for assistance with any of these services.
Section 16

National Marrow Donor Program

The Blood Center works with the Marrow Donor Program of Central and South Texas to increase the number of Central Texans on the National Marrow Donor Registry.

The National Marrow Donor Program® (NMDP) Be The Match® is the global leader in providing marrow and umbilical cord transplants to patients with leukemia, lymphoma and other diseases. The nonprofit organization matches patients with donors, educates health care professionals, and conducts research so more lives can be saved. The NMDP also operates Be The Match®, which provides support for patients, and enlists others in the community to contribute financially, volunteer, and join the Be The Match Registry® - the world’s largest listing of potential marrow donors and donated cord blood units.

The NMDP was created in 1986 and facilitates donor stem cell transplants for patients with life threatening blood diseases who do not have matching donors in their families. The NMDP provides access for all sources of blood stem cells used in the transplantation process: marrow, peripheral blood and umbilical cord blood. The database of the NMDP searches and provides physicians with information on multiple stem cell sources for life saving transplants. The NMDP is dedicated to creating the opportunity for all patients to receive the bone marrow or umbilical cord transplant they need, when they need it.

Be The Match Registry® is the world’s largest adult donor and cord blood registry, listing more than 10.5 million individuals and more than 185,000 cord blood units. As of January 2013, the NMDP had facilitated more than 55,000 transplants worldwide.
Section 17

Medical Consultation Services

Contact Information

Director of Technical Services ..........................................................512-206-1166

Available Services

The Blood Center is committed to the equitable management of the community blood supply at all times and in all situations, both routine and extraordinary.

The Medical Director of the Blood Center is available to provide assistance and guidance at any time of the day or night. Situations that might require such assistance include, but are not limited to:

- Medical Consultation
- Guidelines for blood component usage
- Consultation on therapeutic apheresis services
- Consultations on any situation involving patient care and safety and best practices
Section 18

Educational Programs and Community Involvement

The Blood Center offers educational programs to clients and the public including:

- Educational presentations from agencies such as ASCP, AABB and SCABB
- Audioconference library
- Continuing Education PACE credit classes offered via Creative Testing Solutions
- Medical Technologist student training in Immunohematology
- Blood Center Tours
- Young Blood High School Program

Contact Information:

Technical Services Department: ....................... 512-206-1166
Director of Business Development: ..................... 512-206-1156
Public Relations Department: ........................... 512-206-1138
Medical Technologist Student Training............ 512-206-1317

For Young Adults

Educating future blood donors is an important part of keeping our community’s blood supply strong for Central Texas patients. The Blood Center encourages young people to get involved with blood donation at an early age. We provide fun, educational programs for young students, as well as a High School program called Young Blood that focuses on rewarding and recognizing area High Schools and students who host blood drives.

High School Program

For information about the High School program or to schedule a drive, contact 512-206-1121 or blooddrives@inyourhands.org.

Helpful Educational Links

Check out these websites for more information on blood donation:

- www.inyourhands.org
- www.mybloodyourblood.org
- www.americasblood.org
- www.aabb.org