



MT IBN Laboratory Guide for Blood Product Sharing

Effective Date:

Original Date:

Version: 1

PURPOSE

The laboratory plays a vital role in providing lifesaving blood products to patients in need. It is imperative that these products be properly packaged and contain the necessary shipping/transfer documents for patient use and receipt into another facility.

This guide will provide instruction for properly preparing blood products for use when situations that require the use of MT IBN blood products sharing should arise.

PROCEDURE

A. Intermediary Sending Facility

Step	Action
1	Request for blood products is received.
2	Prepare products for "Emergency Release" according to your facility policies and procedures.
3	Retain 2 sets of red blood cell segments and fill out the appropriate transfer document required by your blood supplier <ul style="list-style-type: none">• Appendix A: American Red Cross Transfer Document• Appendix C: Vitalant Transfer Document Attach one set of segments to the completed Transfer Document and retain the other set at your facility.
4	Complete transfer/disposal in your Laboratory Information System according to your facility policies and procedures.
5	Package Blood products in accordance with blood supplier regulations, being sure to place completed transfer document and attached segments from step 3 in the box. <ul style="list-style-type: none">• Appendix B: American Red Cross Blood Product Packaging• Appendix D: Vitalant Blood Product Packaging
6	Send blood products AND blood tubing with appropriate transport personnel.
7	Contact your blood supplier, and or receiving facility for assistance with blood product resupply. If needed Montana Highway Patrol can assist with blood product transportation (<i>Montana Highway Patrol Communication Center can be reached by calling (406)-841-7000</i>).

B. Receiving Facility

Step	Action
1	Open blood product shipping container and compare contents of the container to the enclosed Transfer document.
2	For missing units, confirm with receiving department/provider that the products were transfused during transport.
3	Complete the "Product Receipt" portion of the Transfer Document and received all products into your LIS using your facilities policies/procedures
4	Obtain patient sample for blood bank testing according to your facilities policies/procedures and complete pre-transfusion testing.
5	"Crossmatch" and "Transfuse" all units that were administered during transport according to your facilities policies/procedures.
6	Contact the blood supplier and supplying facility as needed.
7	Assist with blood product resupply as able/requested.

REFERENCES

- A. *American Red Cross Hospital Partner Resource Guide*. (n.d.). Retrieved August 26, 2022, from https://www.redcrossblood.org/content/dam/redcrossblood/hospital-page-documents/HPRG_2022.pdf
- B. Vitalant Return/Transfer Packing List. (n.d.). Retrieved August 26, 2022, from https://vitalanthhealth.org/getattachment/09607f12-efa8-4925-bf9d-32e35a9b03c2/BS_5150.pdf
- C. Packing Supplies and Configuration for Returning Red Cells to Your Blood Center. (n.d.). Retrieved August 26, 2022, from <https://vitalant.org/Doc-Control/Return-Red-Blood-Cells-CF-45-CF-89>

Appendix A: American Red Cross Transfer Document



Email form to BSRSSCMB@redcross.org

Hospital Customer Transfer Accounting Form

SECTION A

Initiated by Name: _____		Date: _____		Time: _____	
Transferred from (Credit)			Transferred to (Billed)		
Customer Code: _____			Customer Code: _____		
Customer Name: _____			Customer Name: _____		
City: _____ State: _____			City: _____ State: _____		
BLOOD PRODUCT INFORMATION					
DIN (Full 16 Digits)	Original Product Code	Further Manufactured Product Code	ABO/Rh	Expiration Date	

SECTION B - Not for Red Cross Use

FOR SHIPPING HOSPITAL USE ONLY		
Product Storage Range:	Red Blood Cell Products: 1°C to 6°C Platelet Products: 20°C to 24°C with continuous gentle agitation Frozen Plasma Products: -18°C or colder	
Except where noted, I certify that the blood products listed above that are being transferred have not been out of control of the hospital blood bank, have been stored continuously at the appropriate temperature in accordance with the Code of Federal Regulations, and have been examined and found satisfactory for issue.		
Signature: ►	Date Packed: ►	Time Packed: ►
FOR RECEIVING HOSPITAL USE ONLY		
The blood products listed above were received with the proper refrigerant and were packed appropriately.		
Signature: ►	Date Received: ►	Time Received: ►
Comments: _____		

American Red Cross

CUSTOMER INSTRUCTIONS

DO NOT use this form to report defective product. If you are reporting a defective product, please immediately call your local Red Cross customer service number.

Transfer Accounting Information: *All fields in Section A must be completed as instructed below and submitted by the shipping customer to receive credit.*

SECTION A

Initiated by	
Name:	Enter Staff name that initiated form
Date:	Enter date form was initiated
Time:	Enter time form was initiated
Transfer from (Credit)	
Customer Code:	Enter American Red Cross Customer Code
Customer Name:	Enter Customer/Hospital Name
City:	Enter city where Customer/Hospital is located
State:	Enter state (abbreviation) where Customer/Hospital is located
Transferred to (Billed)	
Customer Code:	Enter American Red Cross Customer Code
Customer Name:	Enter Customer/Hospital Name
City:	Enter city where Customer/Hospital is located
State:	Enter state where Customer/Hospital is located
DIN (Full 16 Digits):	Enter full 16-digit product ISBT 128 Donor Identification Number (DIN)
Original Product Code:	Enter original product code, not just product family
Further Manufactured Product Code	Enter the product code if product has been further manufactured * Please leave blank if product has not been further manufactured
ABO/Rh	Enter the ABO/Rh of the product
Expiration Date:	Enter the expiration date of the product

SECTION B – Not for Red Cross Use

FOR SHIPPING HOSPITAL USE ONLY	Shipping customer – Complete section as appropriate
FOR RECEIVING HOSPITAL USE ONLY	Receiving customer – Complete section as appropriate

Form Submission: *This form must be submitted within 3 business days of transfer by emailing the form to BSRSSCMB@redcross.org.*

Please call the local customer support number listed on your invoice for assistance.

Appendix B: American Red Cross Blood Product Packaging



Shipping Red Blood Cells in a E-54ARC Small Blood Box

1. **Examine the shipping container for the following:**
 - The exterior is in good condition and has minimal repairs.
 - The inner lid and interior insulated liner do not have breaks, punctures, or other damage that might impact the container's ability to maintain acceptable temperatures.
 - No evidence of a blood spill
2. **Place one sheet of absorbent material (folded to fit) on the bottom of the shipping container**



3. **Place 1-inch bubble wrap on all sides of the shipping container's walls.**



**American
Red Cross**

Advancing patient care, around the corner and across the nation

Shipping Red Blood Cells in a E-54ARC Small Blood Box

10R0004 3/18



4. **If packing one to five products totalling less than 1,700 mL... then**
 - Place a clean temperature stabilizing pack (TSP) (Red Cross supplied from previous shipments) with a temperature range of 1°C to 10°C in the middle of the shipping container.
 - Recommended method to check the temperature of clean TSPs: using a clean certified or validated thermometer.
 - Roll or fold each clean TSP to condense the surface area.
 - Place the clean thermometer probe in the center of the roll or fold.
 - Allow the thermometer to stabilize, with no change in the reading, before obtaining the temperature.
 - Add 1-inch bubble wrap on the sides of the TSP.



5. **Place the plastic bag inside the shipping container and the second absorbent sheet (folded to fit) inside the plastic bag.**



**American
Red Cross**

Advancing patient care, around the corner and across the nation

Shipping Red Blood Cells in a E-54ARC Small Blood Box

10R0504 12/15



6. Place product inside the plastic bag and on top of the absorbent material or TSP.



7. Close the plastic bag.
 - Tie or band the plastic bag.
 - Fold any excess bag between the blood bags and bubble wrap.
 - If there is excess space that may allow movement during shipping, then use bubble wrap to fill the excess space on the sides of the container. Caution: Do not add additional bubble wrap on top.
8. Place a minimum of 7 lb of bagged ice on top of the closed plastic bag. The bagged must completely cover all the products



**American
Red Cross**

Advancing patient care, around the corner and across the nation

Shipping Red Blood Cells in a E-54ARC Small Blood Box

3080504 (3/18)



9. Put the lid on the shipping container ensuring the lid lies flat.



10. Place the packing slips on top of the lid.
11. Close the shipping container.
12. Tape the shipping container closed in a manner that does not obscure any required labels.
13. Label the shipping container.
14. Remove or cover any previous labels or markings.
15. Affix the shipping label.



**American
Red Cross**

Advancing patient care, around the corner and across the nation

Shipping Red Blood Cells in a E-54ARC Small Blood Box

100504 3/16

Appendix C: Vitalant Transfer Document



Return / Transfer Document

From: _____ To: _____

REASON FOR RETURN OR TRANSFER

☐ Broken Bag ☐ Transfer to Alt. Facility ☐ Rotation Unit ☐ Short Dated
☐ For irradiation ☐ Recall ☐ Other: _____

	Unit Number	Product Code	Comments	Discarded at Facility?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No

All blood components were stored and handled at our facility in accordance with current regulations.

Signature: _____ Date: _____

VITALANT USE ONLY

Inspected and Packed by: _____ Date: _____ Time: _____

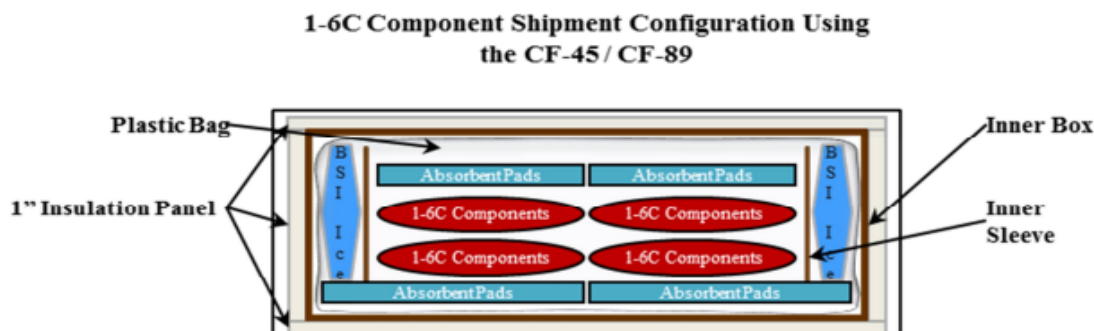
Received by: _____ Date: _____ Time: _____ Receipt Temperature: _____

Appendix D: Vitalant Blood Product Packaging

Packing Supplies and Configuration for Returning Red Cells to Your Blood Center

Packing supplies are available from your blood center. RBCs may be returned to your blood center when allowed by the service agreement and the following packing configuration is followed:

- BSI Ice: Do not store at temperatures colder than -35C. If stored at <-20C, leave ice at ambient room temperature for at least 20 minutes prior to packing. Ensure BSI Ice is frozen solid prior to packing shipping container.
- Gel packs (8 oz): Equilibrate to a temperature of 1-6C for red cells/whole blood.
- Plastic Bags
- Absorbent Pads (white/blue, 9x9 inches)
- CF-45/CF-89 Shipping Container with insulated liners



1. Place plastic bag inside inner box.
 - a. The CF-45 holds one inner box, the CF-89 holds two.
 - b. If the CF-89 container is used, ensure both inner boxes are packed appropriately.
2. Place 2 absorbent pads inside plastic bag, absorbent side up.
3. Insert inner cardboard sleeve.
4. Within the plastic bag, place one frozen solid BSI Ice on each end of the cardboard sleeve, positioned between the sleeve and the inner box wall.
5. Place components on top of the absorbent pads.

Caution: Minimum component load is 1200 mL. Add refrigerated gel packs to bring the total component load to at least 1200mL.

 - If gel packs are used to add volume, treat them as components.
6. Place 2 absorbent pads, absorbent side down, on top of components.
7. Close and secure plastic bag.
8. Insert top insulated panel.
9. Close and seal container.
10. Ship to your blood center to ensure container is received within 24 hours.