

The National Pathology Accreditation Advisory Council (NPAAC), in association with the Australian and New Zealand Society of Blood Transfusion (ANZSBT) recently published new standards for blood transfusion.

The standards apply to the completion of request forms and the labelling of specimens and include directives to pathology laboratories on handling when the standards are not met.

According to this new standard each request form and blood sample intended for transfusion purposes must have:

- 1. Correct given name and surname**
- 2. Date of birth and/or UR number**
- 3. Signature or identifiable initials of the collector on specimen**
- 4. Completed statutory declaration on request form**
- 5. Date and time of collection on specimen and request form**

Please note that under the new directive:

- Failure to comply with any of the requirements noted above will mean that the specimen is not acceptable for transfusion purposes. Under the guidelines the sample and request form must be discarded and a new specimen collected.
- A fresh sample and request form must be completed for each further transfusion-related request.
- All samples with sticky labels must have the signature or initials of the collector, along with date and time of collection.
- In the event of an emergency with insufficient time for recollection, to ensure that patient safety is not compromised, uncrossmatched O neg / O pos units will be issued immediately. However, a repeat fresh sample must be collected prior to transfusion of uncrossmatched blood.
- In the event of a change in a patient's name and/or date of birth, a fresh sample with the corrected name/date of birth must be collected for any further transfusion-related requests. No units will be issued based on previous group/crossmatch results.
- Changes to name and date of birth will not be accepted, either on the sample label or the request form. A fresh sample and a request form will always be required in these circumstances.
- In the event of collection of cord blood samples, a separate request form with the baby's details must be completed along with mother's sample and request form. The labelling must be in accordance with the new directives.



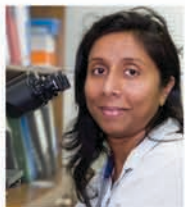
As these new directives constitute a considerable change to established practice, we would like to allow some time to inform and train hospital staff before formally introducing the new requirements.

However, as the standards have been introduced to enhance patient safety, we urge all staff involved in providing transfusion services for patients to become familiar with the new standards over the coming months.

Educational sessions and training for Clinpath collection staff have been completed. We will provide posters and leaflets, as well as feedback and audits for all hospital wards, theatres and nursing homes to assist in the transition to the new standards, as required.

Our current issue of request forms contains the Statutory Declaration in an easily identifiable pinkish box which must be completed. If your request forms do not include this box, please call our Client Relations Department on 8366 2068. They will arrange to send you new forms.

Please feel free to contact



Dr Lakshmi Nath
Haematologist
8366 2000 or 0437 849 434

if you have any queries or if Dr Nath can be of further assistance to you as we work to introduce the new transfusion standards.

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Mr, Mrs, Dr, Miss
Surname Given Name (s) Sex Date of birth

Address Telephone Number

PATIENT STATUS at the time of the service or when the specimen was collected
 Private patient in a private hospital or approved day hospital facility?
 Private patient in a recognised hospital
 Public patient in a recognised hospital
 Outpatient in a recognised hospital Hospital Ward

Patient Code / UJR Number:

Medicare Number:

Veterans' Affairs Gold Card Number:

ATTENTION: DOCTORS/NURSES/PHLEBOTOMISTS
DECLARATION: I certify that I collected the accompanying sample from the above patient whose identity was confirmed by inspection and/or examination of their name band and that I labelled the sample appropriately following collection.
 Name: Date:
 Sign: Time:

Copy to: Doctor's Offices & Outlets, Address

Repeat request form

Fasting Y/N Stasis Y/N Collector's Code:
Containers Collected:

Clinical Notes

Tests Requested

DOCTOR'S SIGNATURE AND REQUEST DATE

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