

LAB893 and LAB21012 Transfusion Reaction Workup

BMC, CRH, OCH, LFH, FOX, FTT



Important Note

When you order LAB893, an order for a Urinalysis LAB21012 will automatically be created in the transfusion reaction set. You no longer have to order it separately.

LIS Code

TRRXN and RTUA

Specimen Type

Blood and Urine

Preferred Container

2 – 6 mL Pink (EDTA) top tubes, 1 Green (heparin) tube, AND a Urine Collection Cup

Volume Required

6 mL for each specimen

Minimum Volume

0.1 mL (Serum or Plasma)

Transportation Needs

Specimens should be sent to lab STAT.

Specimens from outreach centers should be sent to the laboratory by STAT courier.

Storage Requirements

Do NOT centrifuge or separate plasma from cells.

Specimens from outreach centers should be kept refrigerated prior to and during shipment.

Causes for Rejection

Mislabeled or unlabeled specimen

Reflex Testing

When the DAT is positive on either the pre or post specimen using polyspecific anti-human globulin, a pre-transfusion and/or post-transfusion DAT workup is performed and billed (CPT: 86880×4) using monospecific reagents (anti-IgG and anti-Complement).

If the DAT workup indicates that the DAT is positive due to anti-IgG:

An elution procedure on the pre-transfusion and/or post-transfusion is performed and billed (CPT's: 86860, 86870) on the IgG positive cells to determine antibody specificity.

A Routine Urinalysis (including microscopic) will be performed on the urine specimen. Additional testing may be performed and billed if requested by pathologist or attending physician.

Includes

Examination of all clerical work for error
Examination of pre-reaction and postreaction specimens for hemolysis or icterus
Pre Transfusion ABO/Rh type and DAT (original specimen)
Post Transfusion ABO/Rh type and DAT (original specimen)
Routine urinalysis
If hemolysis is indicated, a more comprehensive workup is indicated.
Call Blood Bank for details.

Additional Information**Other Requirements:**

If there is any scan overrides occur the sample must be hand labeled each with patient's First and Last name (no initials), medical records number, date and time of collection and initials of collector.

If possible, collect a urine in a urinalysis collection container
Label with patients name, MR#, date and time of collection, initials of collector and write "Transfusion Reaction Specimen" on the Urine label.
If a urine cannot be collected at the time of reaction, collect the next void and send to the lab STAT.

Complete the information on the reverse (back) of the Blood Component slip attached to unit
In Epic:

Request a Transfusion Reaction TRRXN (LAB893) and an RTUA (LAB21012)

Deliver the following to the Laboratory STAT:

The unit of blood with the transfusion set
The completed transfusion slip attached to unit
The blood specimens and the urine collected

Patient Preparation:

Stop Transfusion immediately!

Check identification of patient on wristband and the transfusion slip attached to unit.

Compare the unit identification number with the identification number on the attached transfusion slip. Notify attending physician AND the Blood Bank.

For Non-Red Cell Transfusion Reactions:

For transfusion reactions that occur during platelet, plasma, cryoprecipitate, factor products, or other plasma derivatives transfusion/infusion therapy:

Stop the transfusion

Notify physician

Call Blood Bank

Complete the reverse side of the transfusion slip attached to the unit

Return the remainder of the unit, the attached transfusion set and the completed transfusion slip to the laboratory.

No additional specimens need to be drawn for reactions that occur during non-red cell transfusions

Interpretive Guidelines:

Additional units may be given after transfusion service medical director or pathologist review

If the laboratory investigation indicates that a hemolytic reaction is suspected, the Blood Bank will notify the physician that an additional 6ml Pink top tube should be drawn 5-7 hours past the reaction, properly labeled, including the notation "Post II".

The Transfusion Service Director or Pathologist on Lab Conference will review the transfusion reaction report within 24 hours.

A "Report of Transfusion Reaction Laboratory Investigation" with Pathologist review and recommendations will be issued by the laboratory and placed on the patient's chart.

The pathologist will be responsible for updating the patient's problem list in UNITY with the type of transfusion reaction the patient experienced.

Available STAT

Yes

CPT Code

86880, 86900, 86901