



دائرة المختبرات الطبية و علم الأمراض  
Department of Laboratory Medicine and Pathology

# Lab Guide – 2022-2023

## TRM Section Lab Guide

## Transfusion Medicine Lab Guide

Laboratory Section: **Transfusion Medicine**

Updated-02-12-2021

### **1. Introduction:**

- 1.1. Transfusion Medicine (TRM) Division is the only supplier of blood and blood components in the State of Qatar, its main function is to assure the availability of safe blood and blood components whenever needed.
- 1.2. Transfusion Medicine consists of 3 sections as part of Blood Donor Center and 7 Hospital based transfusion services

### **2. TRM Management Contact Numbers**

- 2.1. Division Head Transfusion Medicine (DTRM) - 40254917
- 2.2. Head of Donor Unit and Deputy Head TRM – 40254914
- 2.3. Executive Director Operational Administration and Technical – TRM and Head of Hemovigilance - 44391623

#### **2.4. Blood Donor Center including the following units:**

##### **2.4.1. Blood Donor Collection (BDC)**

- 2.4.1.1. **Working Hours:** Sunday to Thursday 7am to 09:30pm
  - 2.4.1.1.1. Saturday 8am to 8pm
  - 2.4.1.1.2. Friday: specific for mobile campaigns

##### **2.4.1.2. Contact Numbers:**

- 2.4.1.2.1. Old Blood Donor Collection Center Reception Desk: 4439-1081, and 4439-1082.
- 2.4.1.2.2. New Donor Collection Center Reception Desk : 40254910 and 40254911
- 2.4.1.2.3. Medical Manager: 4439-91080 / 91077
- 2.4.1.2.4. Head Nurse: 4439-91716

##### **2.4.2. Blood Component Processing (BCP):**

- 2.4.2.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.4.2.2. **Contact Numbers:**
  - 2.4.2.2.1. Supervisor: 402 – 40367
  - 2.4.2.2.2. Technical In-Charge: 402 - 40249
  - 2.4.2.2.3. Laboratory: 402-40191/ 40296 / 40189

##### **2.4.3. Donor Marker Testing (DMT):**

- 2.4.3.1. **Working Hours:** Sunday to Friday 6AM to 11PM
  - 2.4.3.1.1. Saturday 06AM to 11AM and on call
- 2.4.3.2. **Contact Numbers:**
  - 2.4.3.2.1. Supervisor: 44391085
  - 2.4.3.2.2. Laboratory: 4439-1083 / 1087

#### **2.5. Hamad General Hospital Transfusion Services (HGH):**

- 2.5.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.5.2. **Contact Numbers:**
  - 2.5.2.1. Supervisor: 4439-2034/2035
  - 2.5.2.2. Laboratory: 44391843, 44392027 and 44392032

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- 2.5.2.3. Secretary: 44391649
- 2.5.2.4. **HOT LINE: 4439-2151**

### 2.6. Heart Hospital Transfusion Services (HTS):

- 2.6.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.6.2. **Contact Numbers:**
  - 2.6.2.1. Supervisor: 44395660
  - 2.6.2.2. Senior Technologist: 4439-7687
  - 2.6.2.3. Laboratory: 44395668 / 5659
  - 2.6.2.4. Secretary: 4439-5657
  - 2.6.2.5. **HOT LINE: 4439-5658**

### 2.7. Al Khor Hospital Transfusion Services (KTM):

- 2.7.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.7.2. **Contact Numbers:**
  - 2.7.2.1. Head Al Khor Laboratory: 44745183
  - 2.7.2.2. Laboratory Manager: 44745149
  - 2.7.2.3. Senior Technologist: 44745172
  - 2.7.2.4. Laboratory: 44745193
  - 2.7.2.5. **HOT LINE: 4474-5193**

### 2.8. Al Wakra Transfusion Services(WBB):

- 2.8.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.8.2. **Contact Numbers:**
  - 2.8.2.1. Director Al Wakra Laboratory: 40114211
  - 2.8.2.2. Chief Technologist: 40114200
  - 2.8.2.3. Laboratory: 40114407
  - 2.8.2.4. **HOT LINE: 40114408**

### 2.9. Qatar Rehabilitation Institute Transfusion Services (QBB):

- 2.9.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.9.2. **Contact Numbers:**
  - 2.9.2.1. Supervisor Office: 40260429
  - 2.9.2.2. Laboratory: 40260425/27/28
  - 2.9.2.3. Secretary office: 40260424
  - 2.9.2.4. **HOT LINE: 4026-0430**

### 2.10. Hazm Mebaireek General Hospital Transfusion Services (BBH):

- 2.10.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.10.2. **Contact Numbers:**
  - 2.10.2.1. Supervisor Office: 44395660
  - 2.10.2.2. Technical In charge: 402-40480
  - 2.10.2.3. Laboratory:40240321/40322
  - 2.10.2.4. **HOT LINE: 40240320**

### 2.11. Cuban Hospital Transfusion Services (DTM):

- 2.11.1. **Working Hours:** 24 hour / 7days a week including holidays
- 2.11.2. **Contact Numbers:**

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- 2.11.2.1. Laboratory: 40157796
- 2.11.2.2. **HOT LINE: 40157575**

### **3. Services Provided by Transfusion Medicine:**

#### **3.1. *Services Provided by Donor Center (BDC):***

- 3.1.1. Blood Donor Center routinely operates 6 days per week but will expand to 7day service as needed. Emergency process provides emergency blood collection whenever there is shortage of blood in the hospital and urgent donor and therapeutic aphaeresis procedures. Blood donation campaigns are organized every day and extra campaigns are set up in case of critical shortage of blood supplies.
- 3.1.2. Donor Center manages and executes all whole blood donations or aphaeresis collection of blood and blood components for the whole state of Qatar.
- 3.1.3. All blood and blood components collected and prepared are sent to HGH Transfusion Services which is the only supplier for all HMC hospitals, and other governmental or private facilities involved in providing transfusion services.
- 3.1.4. Donor Center monitors HGH blood and blood component inventories and takes all necessary actions to replenish these inventories in case of shortage.
- 3.1.5. Donor's evaluation assessment and qualification before donation to ensure the safety of blood donors and blood supplies
- 3.1.6. Provides therapeutic aphaeresis services for all hospitals under Hamad Medical Corporation. Therapeutic aphaeresis procedures offered include:
  - 3.1.6.1. Plasmapheresis
  - 3.1.6.2. Red Cell exchange
  - 3.1.6.3. Platelets aphaeresis
  - 3.1.6.4. Reductive Leukapheresis
  - 3.1.6.5. Reductive Thrombapheresis
  - 3.1.6.6. Exchange transfusion procedures
  - 3.1.6.7. Stem Cells Collection Procedure
- 3.1.7. Education of the community and advocating the importance of blood donation.
- 3.1.8. Organize and execute robust plans and strategies for recruitment and retention of regular safe blood donors.
- 3.1.9. Donor counselling is performed by TRM Physician, who inform the donor of abnormal results, and shall refer them to appropriate clinic if required.

#### **3.2. *Services provided by Donor Marker Testing (DMT):***

- 3.2.1. Screening of Blood Donors for infectious diseases HIV Ag/Ab Combo, HTLV-I/II Combo, HBsAg Qualitative II, Anti-HBcAb II, HBsAb, HCV Ab, Syphilis, TP and Malaria Ab)
  - 3.2.1.1. Confirmatory testing for INNO-LIA Ab tests: (HIV I/II, HTLV I/II, HCV, Syphilis).
  - 3.2.1.2. NAT testing for HIV I&II, HBV & HCV

#### **3.3. *The Following Blood Components are provided by Blood Component Processing (BCP) which are available for Patients throughout HMC and Qatar:***

- 3.3.1. Red Blood Cells Leukocyte Reduced (Packed RBCs)
- 3.3.2. Plasma Frozen Within 24 Hours After Phlebotomy (PF24) - Pathogen Inactivated
- 3.3.3. Cryoprecipitated AHF (Cryo ppt)

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- 3.3.4. Pooled Platelets Leukocyte Reduced – Pathogen Inactivated
- 3.3.5. Apheresis Platelets Leukocyte Reduced – Pathogen Inactivated
- 3.3.6. Apheresis Plasma– Pathogen Inactivated
- 3.3.7. Covid-19 Plasma– Pathogen Inactivated

### 3.4. *Services provided by HMC Transfusion Services:*

- 3.4.1. ABO/D Typing (All Transfusion Services)
- 3.4.2. Subgroups \*(HGH, HTS, QBB, BBH, WBB and KTM)
- 3.4.3. Antibody screening (All Transfusion Services)
- 3.4.4. Direct Antiglobulin Test (All Transfusion Services)
- 3.4.5. Acid-elution\* (HGH, HTS, QBB, BBH, WBB and KTM)
- 3.4.6. Antibody Identification\* (HGH, HTS, QBB, BBH, WBB and KTM)
- 3.4.7. Antibody Identification by Enzyme (Papain / Ficin) \*(HGH, HTS, QBB, BBH, WBB and KTM) \*
- 3.4.8. Antibody Titration – anti-D\* (HGH, QBB, WBB and KTM)
- 3.4.9. Antibody Titration – anti-A and Anti-B (HTS and QBB)
- 3.4.10. Extended phenotyping in Rh, Kell, Kidd, Duffy, MNSs, Lewis, P and Lutheran systems\* (HGH, HTS, QBB, BBH, WBB and KTM)
- 3.4.11. Investigation of hemolytic disease of newborns and immune hemolytic anemia. (HGH, HTS, QBB, BBH, WBB and KTM)
- 3.4.12. Investigation of transfusion reactions and drug-related hemolysis. (HGH, HTS, QBB, BBH, WBB and KTM)
- 3.4.13. Sickle Negative PRBC
- 3.4.14. Irradiation PRBC
- 3.4.15. Washed PRBC
- 3.4.16. Reconstituted Whole Blood
- 3.4.17. \* Performed as reflex testing

### 3.5. **Requirement for Blood Transfusion Requisition / Cerner request-order / Medinfo Hematos:**

- 3.5.1. Main source of all blood bank test request / product request will be through computer system Cerner.
- 3.5.2. All Cerner Test and Product Orders are integrated into Medinfo Hematos (LIS for TRM).
- 3.5.3. Manual Method Paper-based (whenever applicable)
  - 3.5.3.1. The Blood Bank forms (stock No: 9600002004), should be used when requesting any test or blood component (downtimes).
  - 3.5.3.2. Requests for blood and blood components should comply with the corporation guidelines for transfusion of blood and blood components and for surgical patient should also comply with the Maximal Surgical Blood Ordering Schedule (MSBOS) CG 10022 Guideline for the transfusion of blood and blood components.
  - 3.5.3.3. All orders for tests and blood and blood components shall be sent through Cerner
  - 3.5.3.4. In case of paper-based requests tests and for blood and blood components must be signed and stamped by the attending physician
    - 3.5.3.4.1. Filling the Request Form: The request form should contain the following information to allow positive patient's identification:
      - 3.5.3.4.1.1. Patient's first, middle and last name
      - 3.5.3.4.1.2. Patient's hospital number.

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- 3.5.3.4.1.3. Age and Sex
- 3.5.3.4.1.4. Patient's location
- 3.5.3.4.1.5. Doctor's stamp and signature
- 3.5.3.4.1.6. Date and time of collection
- 3.5.3.4.1.7. Phlebotomist signature and corporation number
- 3.5.3.4.1.8. Clinical diagnosis and the Reason for Transfusion
- 3.5.3.4.1.9. History of previous transfusion
- 3.5.3.4.1.10. History of previous pregnancies, if applicable
- 3.5.3.4.1.11. Medications
- 3.5.3.4.1.12. In case blood or blood components are requested:
- 3.5.3.4.1.13. Type of component
- 3.5.3.4.1.14. Number of units required
- 3.5.3.4.1.15. Any special requirements e.g. Washed or Irradiated components.

#### 3.5.4. Specimens Requirements:

- 3.5.4.1. The table below show the type and volume of specimen's requirements for the different tests performed in the Blood-Bank

Test name	Tube	Minimum Amount			
		Adults	Children 2-12 years	Children 4 months to 2 years	Neonates less than 4 months
ABO/Rh Typing	EDTA	4 ml		2 ml	1 ml
Type and Screen	EDTA	4 ml		2 ml	1 ml
Cross- Matching	EDTA	4 ml		2 ml	1 ml
Direct Coombs' Test (DAT)	EDTA	4 ml		2 ml	1 ml
Antibody Identification*	EDTA	One full EDTA tube		NA	NA
Antibody Titration*	EDTA	One full EDTA tube		NA	NA
Red cell Antigen Typing	EDTA	4 ml		2 ml	1 ml

- 3.5.4.2. \* An extra specimen may be needed for additional tests if required.
- 3.5.4.3. All Blood samples must be drawn into correctly labeled stopped tube.
- 3.5.4.4. The patients should be properly identified before blood collection, both verbally and by their identification bracelet.
- 3.5.4.5. Specimens are usually collected from veins in the antecubital area. Avoid collecting blood samples from the following sites:
- 3.5.4.6. Veins with running I.V fluids
  - 3.5.4.7. Areas with extensive scar tissue
  - 3.5.4.8. Areas with hematomas
  - 3.5.4.9. Edematous areas
- 3.5.5. Blood specimen should be collected from one patient at a time and the specimen is labeled and the request form signed before moving to another patient.

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### **3.5.6. Specimen Transportation:**

- 3.5.6.1. Specimens should be sent to testing site as soon as possible after collection. Refer to Corporate Policy CL7067-Specimen Management

### **3.6. Specimen Labeling Requirements:**

- 3.6.1. All specimens must be immediately labelled before leaving the patient's site using the applicable patient's ID label. The ID label must include at least two patient identifiers including the patient's HC number and full name which exactly match the patient HC number and full name as displayed in Cerner screen.
- 3.6.2. Specimen should be tested immediately after received from the collection site.
- 3.6.3. Specimens sent to the blood bank should contain minimum patient's identification details including:
  - 3.6.3.1. Patient's first, middle and last names and hospital number.
  - 3.6.3.2. Patient's Location
  - 3.6.3.3. The date and time of blood collection, signature and corporation number of the person collecting the specimen shall be clearly indicated on the specimen label and the request (this requirement can be tracked in Cerner – Power chart - container enquiry)
  - 3.6.3.4. Specimens should NEVER be relabeled
  - 3.6.3.5. Note: Cerner printed label will suffice all the requirements

### **3.7. Criteria for Specimens Rejection:**

- 3.7.1. Any specimen that does not satisfy the criteria specified by the blood bank will be rejected. Rejected specimens are discarded (not returned to the ward) and a new specimen must be submitted. The criteria for rejection include few examples here:
  - 3.7.1.1. Specimens received in the wrong container
  - 3.7.1.2. Mislabeled or incompletely labeled specimens.
  - 3.7.1.3. Quantity Not sufficient
  - 3.7.1.4. Phlebotomist not Identified
  - 3.7.1.5. Relabeled specimen.
  - 3.7.1.6. Incompletely Labelled Requests
  - 3.7.1.7. Hemolyzed specimens
  - 3.7.1.8. Contaminated container
  - 3.7.1.9. Truncated Cerner labels.

## **4. Processing of Requests by the Blood Bank:**

- 4.1. Routine Requests: All requests for type and screen, elective surgical procedures and elective transfusions are treated as "Routine". All routine requests will be processed within 8 hours after receiving the specimen, except for some tests that may need more than 24 hours.
- 4.2. Requests of crossmatch for elective surgery or elective blood transfusions must be received before 1: 00 pm on the day before the operation or the intended transfusion
- 4.3. Urgent Requests: Requests labeled as "Urgent" or "STAT" will be processed immediately after being received by the Blood Bank. Requests coming from the following areas are generally given priority and classified as Urgent:
  - 4.3.1. Accident & Emergency
  - 4.3.2. Labor Room
  - 4.3.3. Operating Theater & Recovery Rooms



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- 4.3.4. SICU
- 4.3.5. MICU.
- 4.3.6. NICU
- 4.3.7. PICU
- 4.3.8. TICU
- 4.3.9. Dialysis Unit
- 4.3.10. Cardiac Intensive Care unit
- 4.3.11. Cardio Thoracic Intensive care unit
- 4.3.12. Any request from any ward / private hospitals labeled as URGENT provided that adequate justifications are given.
- 4.3.13. NOTE: When STAT requests are generated, the Blood Bank should be informed by hot line

### 5. Turn Around Time (TAT):

- 5.1. Preparation of Blood and Blood Components for Urgent Transfusion: When requesting any blood or blood components, consider the time needed for preparation of the component:

Blood Component	TAT
Uncrossmatched blood MTP (maximum 6 units)	15 minutes
Electronic Crossmatch (EXM) – <i>After Blood group is confirmed by twospecimens and Antibody Screening is Negative</i>	15 minutes
Full crossmatch – In case of Antibody Screening Positive-- <i>If Antibody is Identified and Matching Phenotype unit is available</i>	60 Minutes
*Washed PRBCs (1 unit)	60 Minutes
* Reconstitution of Whole Blood (1 unit)	60 Minutes
*Irradiated PRBC	2 hours
Platelets	15 minutes
Thawed FP24 (maximum 6 units)	60 minutes
Thawed Pooled Cryoprecipitate (maximum 10 units)	60 minutes
Covid-19 Convalescent Plasma (CCP) (Adult dose-2 units each). One unit—200ml	60 minutes

- 5.2. TAT of PRBC – Irradiated / Washed / Sickle Scan (CCP) Negative depends on the location of the facility.

- 5.2.1. NOTE: The blood bank will notify the ward if the requested component is going to be delayed for any reason e.g. presence of an antibody
- 5.2.2. NOTE: Cross- matched blood will be reserved in the Blood Bank for 48 hours. If the blood is not used within this time, a new request for cross match will be required
- 5.2.3. NOTE: When uncross – matched RBC units are issued for transfusion; a blood specimen must be taken from the patient before the start of transfusion.



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### **6. Issuing of Blood and Blood Components:**

- 6.1. The blood bank will only issue blood and blood components to authorized medical, nursing staff or and anesthesia technician/ technologists. However, in emergency cases for certain areas like Operation theaters / ICU's and wherever MTP is activated blood bank may issue blood components to trained and competent Nursing Aids / porters
- 6.2. Blood and blood components will only be issued for one patient at a time
- 6.3. IN ALL CASES of blood components requisition, Units should only be taken from Blood Bank when the patient is ready for transfusion to avoid deterioration and wastage of the unit.
- 6.4. For Packed Red Cell Transfusion: for any patient, only one unit will be issued at a time except in cases of extreme emergency when the patient is actively bleeding the number of units issued will depend on the request of the attending physician
- 6.5. Issuing of Blood to Operating Theaters: The Reserved Blood for all the planned Surgeries will be placed in the OT Refrigerator by blood bank staff by 7:30 am on the day of the operation. (Depends on the SLA of each facility)
- 6.6. Proper Handling of Blood and Blood Components Issued for Transfusion
- 6.7. Action to be taken in Case of Suspected Transfusion Reaction
- 6.8. Refer to Corporate Policy CL6010-Administration of Blood Components

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#### 1.1. Laboratory Tests Provided by Transfusion services:

<b>Title</b>	<b>ABO/Rh Typing</b>
<b>Specimen</b>	EDTA Tube as follow: Neonates Less than 4months =1ml Children 4 months to 2 Years =2ml Children 2Years and above including adults =4ml
<b>Transport Temperature</b>	Ambient Temperature
<b>Days test is performed</b>	24Hours / 7Days a week including Holidays
<b>Turnaround time</b>	<b>Routine:</b> within 8 hours from receiving the blood specimen & the request form. <b>STAT:</b> will be processed immediately after being received by the Blood Bank Section.
<b>Method</b>	Tube /Gel /Glass Beads methods
<b>Reference Value</b>	Not Applicable.
<b>Interpretation</b>	Type"A"Rh (D) positive. Type"A"Rh(D)negative. Type"B"Rh(D)positive. Type"B"Rh(D)negative. Type"AB"Rh(D)positive. Type"AB"Rh(D)negative. Type"O"Rh(D)positive. Type"O"Rh(D)negative.
<b>Rejection Criteria</b>	<ol style="list-style-type: none"> <li>1. Unlabeled, Mislabeled or relabeled specimen tubes.</li> <li>2. Specimen tubes do not carry the date and signature/ initial of the person collecting the specimen.</li> <li>3. Specimen collected in wrong blood containers.</li> <li>4. Specimen in leaking / contaminated containers.</li> <li>5. Specimen tubes containing insufficient blood volume for testing (QNS)</li> <li>6. Specimen not accompanied by a request form.</li> <li>7. Specimen accompanied by improperly completed request form.</li> <li>8. Specimen accompanied by a request form not carrying the signature and stamp of the requesting physician.</li> <li>9. Specimen and request forms with mismatched patient's identification details.</li> <li>10. Hemolyzed, diluted specimens</li> </ol>
<b>Performing Lab Location</b>	<ol style="list-style-type: none"> <li>1. Hamad General Hospital Transfusion Services (HGH)</li> <li>2. Heart Hospital Transfusion Services (HTS)</li> <li>3. Al Khor Hospital Transfusion Services (KTM)</li> <li>4. Al Wakra Transfusion Services(WBB)</li> <li>5. Qatar Rehabilitation Institute Transfusion Services (QBB)</li> <li>6. Hazm Mebaireek General Hospital Transfusion Services (BBH)</li> <li>7. Cuban Hospital Transfusion Services (DTM)</li> </ol>

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<b>Title</b>	<b>Antibody Screening</b>
<b>Specimen</b>	EDTA Tube as follow: Children 4 months to 2 Years =2ml Children 2Years and above including adults = 4ml **An extra sample maybe requested if needed.
<b>Transport Temperature</b>	Ambient Temperature
<b>Days test is performed</b>	24Hours / 7Days a week including Holidays
<b>Turnaround time</b>	<b>Routine:</b> within 8 hours from receiving the blood specimen & the request form.  <b>STAT:</b> will be processed immediately after being received by the Blood Bank Section.  ** Except for the positive reaction that may need additional time.
<b>Method</b>	Tube/Gel /Glass beads methods
<b>Reference Value</b>	Not Applicable.
<b>Interpretation</b>	Positive Or Negative. If positive then an antibody identification test, red cell antigen phenotyping +/- antibody titer testing will be performed as reflex testing.
<b>Rejection Criteria</b>	<ol style="list-style-type: none"> <li>1. Unlabeled, Mislabeled or relabeled specimen tubes.</li> <li>2. Specimen tubes do not carry the date and signature/ initial of the person collecting the specimen.</li> <li>3. Specimen collected in wrong blood containers.</li> <li>4. Specimen in leaking / contaminated containers.</li> <li>5. Specimen tubes containing insufficient blood volume for testing (QNS)</li> <li>6. Specimen not accompanied by a request form.</li> <li>7. Specimen accompanied by improperly completed request form.</li> <li>8. Specimen accompanied by a request form not carrying the signature and stamp of the requesting physician.</li> <li>9. Specimen and request forms with mismatched patient's identification details.</li> <li>10. Hemolyzed, diluted specimens</li> </ol>
<b>Performing Lab Location</b>	<ol style="list-style-type: none"> <li>1. Hamad General Hospital Transfusion Services (HGH)</li> <li>2. Heart Hospital Transfusion Services (HTS)</li> <li>3. Al Khor Hospital Transfusion Services (KTM)</li> <li>4. Al Wakra Transfusion Services(WBB)</li> <li>5. Qatar Rehabilitation Institute Transfusion Services (QBB)</li> <li>6. Hazm Mebaireek General Hospital Transfusion Services (BBH)</li> <li>7. Cuban Hospital Transfusion Services (DTM)</li> </ol>

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<b>Title</b>	<b>Crossmatch Testing</b>
<b>Specimen</b>	EDTA Tube as follow: Neonates Less than 4months =1ml ( Mother sample maybe requested) Children 4 months to 2 Years =2ml Children 2Years and above including adults =4ml
<b>Transport Temperature</b>	Ambient Temperature
<b>Days test is performed</b>	24 Hours / 7Days a week including Holidays
<b>Turnaround time</b>	<b>Routine:</b> within 8 hours of receiving the specimen & the request form. <b>Note:</b> Elective surgery specimen should be received at least a day before the operation. <b>STAT:</b> will be processed immediately after being received by the Blood Bank Section. Full crossmatch/electronic crossmatch = 60 minutes. 1. When STAT requests are generated, the Blood Bank should be informed by hot line telephone number. 2. TAT of Irradiated blood and platelet components depends on the location of the facility. 3. The blood bank will notify the ward if the requested component is going to be delayed for any reason e.g. presence of an antibody. 4. Cross- matched blood will be reserved in the Blood Bank for 48 hours. If the blood is not used within this time, a new request for cross match will be required. 5. When uncross – matched RBC units are issued for transfusion; a blood specimen must be taken from the patient before the start of transfusion
<b>Method</b>	Tube/Gel/Glass beads/Electronic Crossmatch
<b>Reference Value</b>	Not Applicable.
<b>Interpretation</b>	Positive Or Negative.
<b>Rejection Criteria</b>	1. Unlabeled, Mislabeled or relabeled specimen tubes. 2. Specimen tubes do not carry the date and signature/ initial of the person collecting the specimen. 1. Specimen collected in wrong blood containers. 2. Specimen in leaking / contaminated containers. 3. Specimen tubes containing insufficient blood volume for testing (QNS) 4. Specimen not accompanied by a request form. 5. Specimen accompanied by improperly completed request form. 6. Specimen accompanied by a request form not carrying the signature and stamp of the requesting physician. 7. Specimen and request forms with mismatched patient's identification details 8. Hemolyzed, diluted specimens
<b>Performing Lab Location</b>	1. Hamad General Hospital Transfusion Services (HGH) 2. Heart Hospital Transfusion Services (HTS) 3. Al Khor Hospital Transfusion Services (KTM) 4. Al Wakra Transfusion Services(WBB) 5. Qatar Rehabilitation Institute Transfusion Services (QBB) 6. Hazm Mebaireek General Hospital Transfusion Services (BBH) 7. Cuban Hospital Transfusion Services (DTM)

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<b>Title</b>	<b>Direct Antiglobulin Test (DAT)</b>
<b>Specimen</b>	EDTA Tube as follow: Neonates Less than 4months = 1ml Children 4 months to 2 Years = 2ml Children 2Years and above including adults = 4ml
<b>Transport Temperature</b>	Ambient Temperature
<b>Days test is performed</b>	24Hours / 7Days a week including Holidays
<b>Turnaround time</b>	Routine: within 8 hours from receiving the blood specimen & the request forms. STAT: will be processed immediately after being received by the Blood Bank Section.
<b>Method</b>	Tube/Gel /Glass beads
<b>Reference Value</b>	Not Applicable.
<b>Interpretation</b>	Negative Or Positive If Positive, then antibody elusion and identification will be performed
<b>Rejection Criteria</b>	<ol style="list-style-type: none"> <li>1. Unlabeled, Mislabeled or relabeled specimen tubes.</li> <li>2. Specimen tubes do not carry the date and signature/ initial of the person collecting the specimen.</li> <li>3. Specimen collected in wrong blood containers.</li> <li>4. Specimen in leaking / contaminated containers.</li> <li>5. Specimen tubes containing insufficient blood volume for testing (QNS)</li> <li>6. Specimen not accompanied by a request form.</li> <li>7. Specimen accompanied by improperly completed request form</li> <li>8. Specimen accompanied by a request form not carrying the signature and stamp of the requesting physician.</li> <li>9. Specimen and request forms with mismatched patient's identification's details.</li> <li>10. Hemolyzed, diluted specimens</li> </ol>
<b>Performing Lab Location</b>	Hamad General Hospital Transfusion Services (HGH) Hamad General Hospital Transfusion Services (HGH) Heart Hospital Transfusion Services (HTS) Al Khor Hospital Transfusion Services (KTM) Al Wakra Transfusion Services(WBB) Qatar Rehabilitation Institute Transfusion Services (QBB) Hazm Mebaireek General Hospital Transfusion Services (BBH) Cuban Hospital Transfusion Services (DTM)