

Group and Screen Sample Collection: Patient Identification, Specimen Collection and Labeling

Site Applicability

PHC Acute Care Sites

Practice Level

Registered Nurses (RNs)*, Registered Psychiatric Nurses (RPNs)*, Licensed Practical Nurses (LPNs)* at **SPH ONLY**, Nurse Practitioners (NPs), Physicians, Perfusionists, Anesthesia Assistants (AAs), Medical Laboratory Technologists (MLTs) and Medical Laboratory Assistants (MLAs)

*RNs/RPNs must have completed advanced training (e.g. critical care training or CVC blood draw competency; consult department educator)

Requirements

1. A provider order is required for the collection of a Group and Screen.
2. Identification bands are required for the collection of a Group and Screen and all efforts should be made to band the patient. If the patient cannot be banded or refuses to be banded a Group and Screen should **NOT** be collected and Transfusion Medicine consulted for direction.
3. Collection of a Group and Screen must be done in accordance with the guidelines set by Health Canada, the Canadian Standards for Transfusion Medicine (CSTM) and the College of Physicians and Surgeons of British Columbia's Diagnostic Accreditation Program (DAP).

Need to Know

1. A Group and Screen is required for the transfusion of all human derived blood/blood products:
 - a. For red blood cells a Group and Screen is valid for 3 days where day of collection is day 0
 - i. Pre-Assessment clinic patients **ONLY**: a Group and Screen for red blood cells will be held for up to 60 days prior to the patient's surgery providing the patient was not pregnant and has not received a transfusion in the 90 days prior to the sample being taken. The sample will then be activated on the day prior to surgery and will expire 3 days thereafter
If the patient received a transfusion or became pregnant in the interval between pre-assessment and surgery admission; then a new Group and Screen sample will be required on the day of surgery
 - b. For plasma and platelets a Group and Screen is required on the patient's current admission
 - c. For all other products a historic Group and Screen is required

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2. Before ordering a Group and Screen staff are required to check for an in-date result, which can be found under the results or handoff tool for Cerner transfusion history
3. If the patient has religious or cultural beliefs that would preclude them from receiving blood/blood products consult with the most responsible physician and, if needed, Hematopathologist to determine if the administration of blood/blood products would be considered prior to drawing Group and Screen sample
4. A Group and Screen should be collected **PRIOR** to the administration of emergency group O unmatched red blood cells whenever possible
5. The Phlebotomist (the person obtaining the sample) is responsible for correctly identifying the patient, with the patient, when able, collecting the sample according to practice guidelines, labeling the sample, and completing the required documentation
6. **Transfusion Medicine requires** positive patient identification for all Group and Screen collections. In instances when the patient is unable to identify themselves, an alternate (family member or another health care professional) must assist in identifying the patient by confirming the armband information.
7. In the instanced when electronic positive patient identification is **NOT** used, samples for Group and Screen testing **MUST** be accompanied by a paper requisition.
8. Unless otherwise indicated two 6 mL EDTA (tall lavender) tubes are required for testing
9. Incomplete and/or inappropriately labeled samples will **NOT** be processed/tested
10. **Do Not** collect a sample for Group and Screen until all patient ID discrepancies have been resolved

Equipment and Supplies

1. For Sunquest Collect: Workstation on Wheels (WOW) and wireless printer
2. For downtime or not Sunquest Collect : two downtime Cerner specimen (Lab) labels
3. Requisition (if not completing electronic requisition): Cerner generated or downtime version (Form ID – 7747)
4. Two 6 mL EDTA tubes (tall lavender)
5. Phlebotomy equipment/supplies

Procedure

Steps

Electronic Positive Patient Identification: Sunquest Collect ([Appendix A](#))

1. With the patient chart open in Power Chart or FirstNet, click the Sunquest Collect button, pair wireless printer and scan patient's identification band
2. Confirm that you have scanned the correct patient by unequivocally identifying the patient:
 - a. Ask the patient to spell full first and last name and say date of birth, compare to information on screen

- b. If the patient cannot participate; an alternate (Family member, guardian or second health care provider not the collector) must identify the patient by comparing information from identification band to information on screen
3. Check the appropriate box on the RAR (Results at Request) screen to confirm patient identification; if alternate have person complete required information: printed first and last name
4. In the presence of the patient, verify that the patient's information: first and last name, date of birth and MRN matches exactly on the:
 - a. Patient identification band and
 - b. Sunquest Collect screen
5. Ensure both questions in the RAR screen are answered correctly then select " Apply" to print patient labels
6. Once labels have printed, Select " Done-Exit" to exit the RAR screen

Positive Patient Identification: not Sunquest Collect ([Appendix B](#)) or Downtime ([Appendix C](#))

1. The patient is unequivocally identified:
 - a. Ask the patient to spell full first and last name and say date of birth, compare to information on identification band and requisition
 - b. If the patient cannot participate, an alternate must identify the patient by doing the same
2. Check the appropriate box on Group and Screen requisition to confirm patient identification; if alternate have person complete required information:, printed first and last name
3. In the presence of the patient, verify that the patient's information: first and last name, date of birth and MRN is legible and matches exactly on the:
 - a. Group and Screen requisition
 - b. Patient identification band
 - c. Specimen labels

Sample Collection: Collect sample as per appropriate DST

- a. [BD-00-12-40067](#) - CVC: Tunneled Central Venous Catheter - Basic Care and Maintenance (Adult)
- b. [BD-00-12-40045](#) - CVC: Non-Tunneled Central Venous Catheter - Basic Care and Maintenance (Adult)
- c. [B-00-13-10104](#) - Hemodialysis: Central Venous Catheter (CVC) Blood Sampling
- d. [Sunquest Clinical Collect Workflow](#) – CST Cerner

Labeling

1. All samples must be labeled in the presence of the patient
2. Labels must contain:
 - a. Patient's complete first and last name
 - b. Date of birth



c. MRN

3. Label cannot be cut off, smudged or illegible; if time is critical a label can be hand amended
4. To affix label hold tube cap in left hand and place label on using right hand, apply label as close to top of tube as possible without covering the cap ([Appendix D](#))
5. Double check the labels to ensure that the patient information on the labels is correct and complete prior to sending. Check against Sunquest Collect screen if using electronic Positive Patient Identification or the paper Group and Screen requisition if downtime collection is performed.

Documentation

Downtime or not using Sunquest Collect

1. In the presence of the patient complete required fields on the Group and Screen requisition:
 - a. Patient identification verified by section (if not already completed)
AND if by downtime method:
 - b. Specimen collected on: date and time
 - c. Specimen collected by: this is the phlebotomist (the person who collected the sample)

References

1. Canadian Society for Transfusion Medicine (2021). *Standard for hospital transfusion services* (Version 5). Ottawa, ON.
2. Canada Standards Association (2020). *Blood and blood components Z902-20*. Mississauga, ON.

Appendices

[Appendix A](#): Electronic Positive Patient Identification (Sunquest Collect)

[Appendix B](#): Positive Patient Identification (Sunquest Collect **NOT** used)

[Appendix C](#): Positive Patient Identification (Downtime Procedure)

[Appendix D](#): Correct/Incorrect Tube Labeling



Appendix A: Electronic Positive Patient Identification (Sunquest Collect)


- GRS samples are DIFFERENT than other sample collections as they require a specific POSITIVE PATIENT IDENTIFICATION process
- Transfusion medicine will reject any samples that do not meet the regulatory requirement

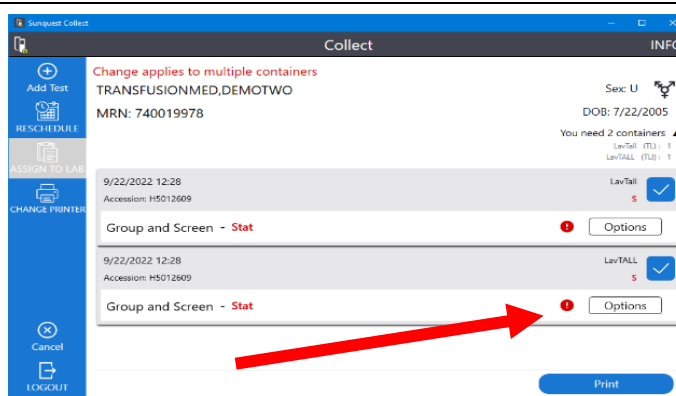
Step 1: Bring all collection supplies to the bedside including:

- WOW/MDC and bar code scanner
- Requisition (electronic) will appear once logged into Sunquest Collect

Step 2: In Sunquest Collect - Pair wireless printer with WOW and scan patient's ID band

Step 3: Select Samples to be collected

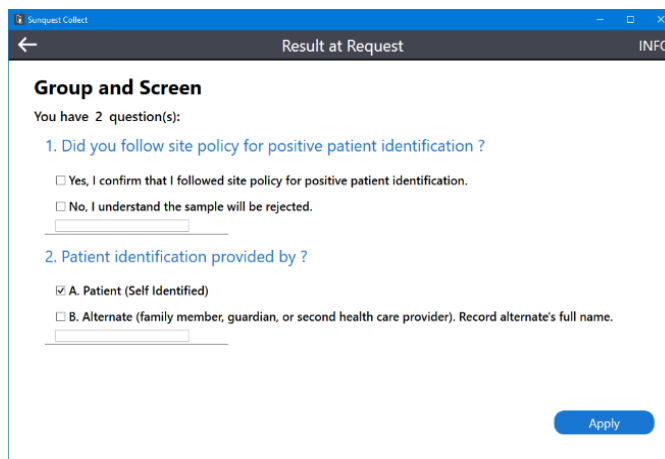
- Select GRS collection on RAR screen
- Click  to advance to the electronic screening questions for Positive Patient Identification



Step 4: positively identify the patient

Complete all screening questions

- Ask the patient to say and spell their first and last name and give date of birth
- If patient identification provided by an alternate (family member, guardian or a second health care provider; unselect **Option A** and select **Option B**
- If selecting **Option B** enter Alternate name in the empty field



Step 5: Collect samples and Label tubes

- Select APPLY once you have collected your specimens
- Label the tubes in the presence of the patient

- After affixing labels, check to make sure they are complete: first and last name, date of birth, MRN and match the Cerner banner bar and ID band
- Hand amend if any information is incomplete

Step 6: Send the labeled tubes in a Biohazard Bag to the lab



Appendix B: Positive Patient Identification (Sunquest Collect NOT used)

Step 1: Bring all collection supplies and requisition to the bedside

Step 2: Positively IDENTIFY the patient

- Ask the patient to say and spell their first and last name and give date of birth
- If the patient cannot do this (unconscious, language barrier) use alternate
Note: alternate can NOT be the collector
- Complete appropriate tick box
- Check that the information given by the patient/alternate matches the requisition AND ID band

St Pauls Hospital

TRANSFUSION MEDICINE SERVICES
REQUISITION

Ordering Phys: TestCN, Oncologist/Hematologist/EMT-Physicia
Attending Phys: TestCN, Oncologist/Hematologist/EMT-Physicia
Ordered By: TestCN, Oncologist/Hematologist/EMT-Physicia
Requested Date/Time: 21 Sep 2022 12:03

TRANSFUSIONMED, ALPHA

BC PRN: 9874061861
MRN: 740019402
DOB: 01JAN1990
Age: 32 Years
Sex: Male
Enc #: 7400000044126
Patient Loc: SPH MSSU OPAT
Room:
Bed:

Order: Group and Screen
Priority: ROUTINE
Frequency: once

Please **DISCARD** this requisition if Sunquest Collect was used to collect the specimen.

Prior to collection and in the presence of the patient:
Confirm that the patient's first and last name, DOB and MRN on the patient armband ID, specimen label and requisition are an identical match.

Patient identification provided by:

☐ Patient
or
☐ Alternate (family member, guardian or second health care provider not the collector). Provide details:

Name of Alternate: _____
PRINT NAME

Step 3: Collect sample and label the tubes

- Label the tubes in the presence of the patient
- After affixing labels, check to make sure they are complete: first and last name, date of birth, MRN
- Check that the labels match the requisition and ID band
- Hand amend if any information is incomplete

Step 4: Complete the requisition in the presence of the patient

- Ensure all fields are filled out before sending to Transfusion Medicine (samples will be **REJECTED** If requisition is not filled out correctly or missing)

Patient identification provided by:

☐ Patient
or
☐ Alternate (family member, guardian or second health care provider not the collector). Provide details:

Name of Alternate: _____
PRINT NAME

complete the section below:

I have confirmed that the information on the patient ID, label and requisition matches.

Date: _____ Time: _____

Collected by: _____ Initials: _____
PRINT NAME OR LAB CODE

Step 5: SEND labeled tubes and requisition TOGETHER in Biohazard bag to lab



Appendix C: Positive Patient Identification (Downtime procedure)

Step 1: Bring all collection supplies and requisition to the bedside

Step 2: Positively IDENTIFY the patient

- Affix patient label to requisition
- Check that the information given by the patient/alternate matches the requisition AND ID band by: Asking the patient to say and spell their first and last name and give date of birth
- If the patient cannot do this (unconscious, language barrier) use a Alternate
Note: Alternate can NOT be the same as the collector
- Complete appropriate tick box

PHC TRANSFUSION MEDICINE REQUISITION

Requisition Form

Location: _____ Ordering Physician: _____

Diagnosis: _____

TESTING REQUEST: ☐ STAT ☐ URGENT ☐ ROUTINE ☐ SURGERY - Date if known: _____

☐ Type (Group) and Screen ☐ Neonatal Investigation

☐ Blood Group Only ☐ Cord sample

☐ Direct Antiglobulin Test (DAT) ☐ Heel prick sample

☐ Other: _____

For Mother/Infant Investigations

• Mother Rh negative? ☐ Yes ☐ No ☐ Unknown

• Mother history of irregular red cell antibodies? ☐ Yes ☐ No ☐ Unknown

☐ Fetal Blood Screen (Maternal Investigation)

Patient identification verified by: ☐ Patient
☐ Alternate (family member, guardian or second health care provider not the collector) details:
 Identification includes: MRN, first and last name and DOB
 Name of Alternate: _____ PRINTED first and last name
 Specimen Collected on: Date: _____ Time: _____
 Specimen Collected by: _____ PRINTED first and last name Signature

TRANSFUSION REQUEST: ☐ STAT* ☐ URGENT ☐ ROUTINE ☐ TIMED: _____

* NOTE: All STAT requests should be followed up with a call to TMC, 6PM - 6000 AMU - 7000H

Indication for Transfusion:

	# of units or mL		# of Vials
<input type="checkbox"/> Packed Red Cells		<input type="checkbox"/> Albumin 5%	250 mL
<input type="checkbox"/> Irradiated		<input type="checkbox"/> Albumin 25%	500 mL
<input type="checkbox"/> Platelets		<input type="checkbox"/> Factor VIII	100 mL
<input type="checkbox"/> Irradiated		<input type="checkbox"/> Factor IX	International Units
<input type="checkbox"/> Frozen Plasma		<input type="checkbox"/> Factor X	International Units
<input type="checkbox"/> Cryoprecipitate		<input type="checkbox"/> Prothrombin Complex	International Units
<input type="checkbox"/> Other:			

FOR LAB USE ONLY:

Acc #	History Yes / No	Tech	ABORN	Antibody Screen

Special Requirements: _____

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Step 3: Collect sample and label the tubes

- Label the tubes in the presence of the patient
- After affixing labels, check to make sure they are complete: first and last name, date of birth, MRN
- Check that the labels match the requisition and ID band
- Hand amend if any information is incomplete

Step 4: Complete the requisition in the presence of the patient

- Ensure all fields are filled out before sending to Transfusion Medicine (samples will be **REJECTED** If requisition is not filled out correctly or missing)

☐ Fetal blood screen (maternal investigation)

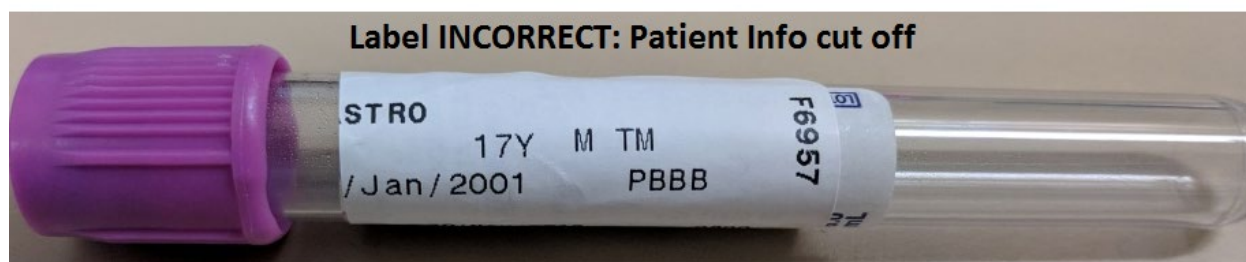
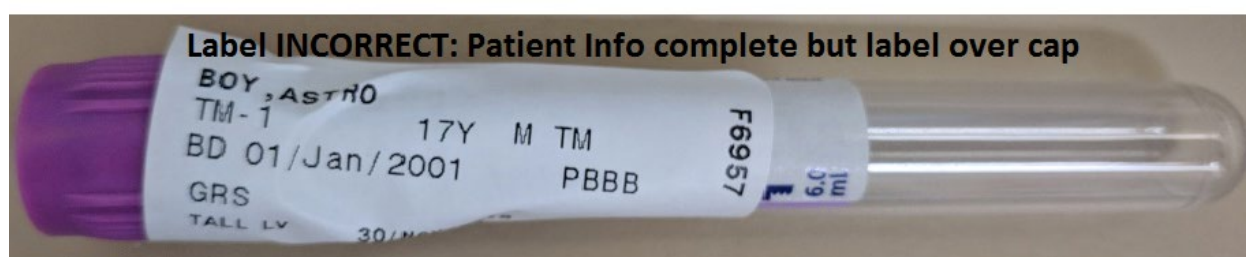
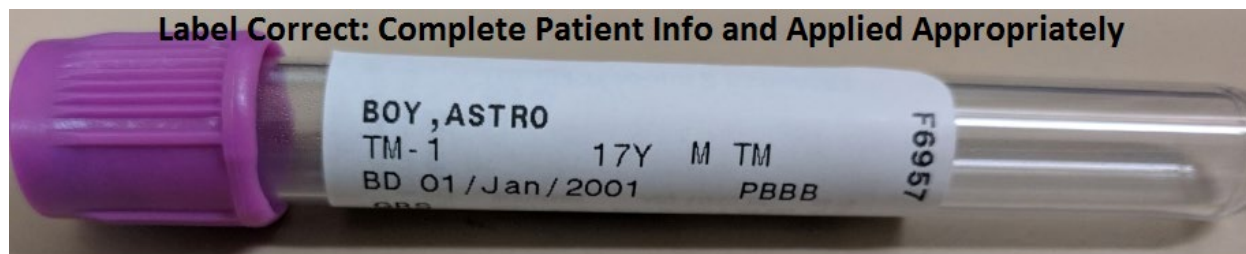
Patient identification verified by: ☐ Patient
☐ Alternate (family member, guardian or second health care provider not the collector) details:
 Identification includes: MRN, first and last name and DOB
 Name of Alternate: _____ PRINTED first and last name
 Specimen Collected on: Date: _____ Time: _____
 Specimen Collected by: _____ PRINTED first and last name Signature

TRANSFUSION REQUEST: ☐ STAT* ☐ URGENT ☐ ROUTINE ☐ TIMED: _____

Step 5: SEND labeled tubes and requisition TOGETHER in Biohazard bag to lab



Appendix D: Correct/Incorrect Tube Labeling





Persons/Groups Consulted

Team Lead Transfusion Medicine

Technical coordinator Transfusion Medicine

Regional Transfusion Medicine Clinician- VCH

Developed By:

Regional Transfusion Medicine Clinician

Initial Effective Date:	19-APR-2019
Posted Date:	17-JUL-2023
Last Reviewed	17-JUL-2023
Last Revised:	17-JUL-2023
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	IV Therapy/Transfusion Medicine