
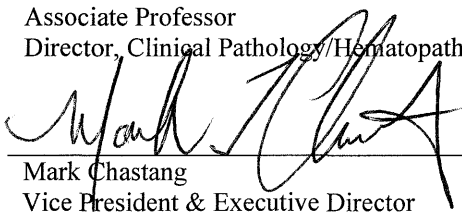


- A statement of policy
 - Purpose of policy
 - Standard Operating Procedure - a detailed explanation of the policy statement as applied to Blood Transfusion Service routine and addressing applicable key elements of each critical control point.
3. Each policy and procedure contains a record listing original version date, current version revision and review dates and the identification of the person performing review. Hand-written revisions, if not extensive, are acceptable and must be dated and initialed.
 4. All discontinued policies and procedures are kept on file for five years after removal from service.
 5. All deviations from BTS policies and procedures must be documented appropriately in a lab occurrence report (See Policy #3364-108-106).
 6. BTS staff will validate policies and procedures. Validation assures the policy or procedure clearly and accurately states the practice intended and agreement of the policy or procedure with the stated reference material. Staff is notified of revised or new procedures with the Staff Notification form. Staff will acknowledge notification and understanding of new/revised procedures and policies by signing Staff notification form.

Change Control

Revisions in policy and procedure, or new policies and procedures to address needs identified through Process improvement activities are documented on a Change Control form. The completed form will accompany the new or revised policy or procedure for approval by Medical Director of Blood Transfusion Service and for staff notification and training. Completed Change control forms are kept on file until original version or current revision of policy/procedure is revised or removed from service.

<p>Approved by:</p> <div style="text-align: center; margin-top: 20px;">  _____ Robert L. Booth, Jr., M.D. Associate Professor Director, Clinical Pathology/Hematopathology </div> <div style="text-align: center; margin-top: 10px;"> 6-5-2008 _____ Date </div> <div style="text-align: center; margin-top: 20px;">  _____ Mark Chastang Vice President & Executive Director </div> <div style="text-align: center; margin-top: 10px;"> 3/23/08 _____ Date </div> <p>Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB</p>	<p>Review/Revision Date:</p> <p>6/96 8/98 3/99 7/00 1/05 6/9/2008</p> <hr/> <p>Next Review Date: 6/1/2011</p>
<p>Policies Superseded by This Policy:</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

Reference:

- AABB Standards for Blood Banks and Transfusion Services, current edition.
- "Clinical Laboratory Procedure Manuals", National Committee for Clinical Laboratory Standards, NCCLS, vol. 12, no.10, July 1992, order no. GP2-A2.
- AABB Quality Plan Manual/AABB Quality Program Self Assessment Manual, 1994, A6.1-A6.5
- AABB Association Bulletin #97-4, August 1, 1997.