


Name of Policy:	Autologous and Directed Donor Units	 Effective Date: 6/9/2008 Initial Effective Date: 6/1996
Policy Number:	3364-108-205	
Department:	Pathology/Laboratory – Blood Bank	
Approving Officer:	Associate Professor Director, Clinical Pathology/Hematopathology	
Responsible Agent:	Core Lab Coordinator (Michelle Bartkowiak, MT(ASCP)SBB) Manager, Lab (Cynthia O'Connell)	
Scope:	Pathology/Laboratory – Blood Bank	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

The Blood Transfusion Service specially monitors and restricts the availability of blood and components for patients when autologous or directed donations are ordered.

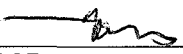
(B) Purpose of Policy

To assure that autologous and directed donations are utilized first and exclusively for patients requesting this special service.

(C) Procedure

1. *Abnormal disease marker testing* - units are handled according to ARC Memo dated June 25,1991 (Handling of autologous donor units with abnormal disease marker testing.) Units from donors with abnormal disease marker or history of disease or high risk behaviors that would result in deferral for routine blood donation will be labeled with “Blood/Body Fluid Precaution” label. Units from donors with confirmed reactive HBsAg and/or HIV testing will be shipped to UMC only by written request of both the ordering surgeon and the BTS Medical Director.
2. *Receiving Autologous or Directed Donor units* -enter units into inventory as per BBIS procedure. Perform ABO and Rh type on ALL autologous units, regardless of label Rh type.
3. *Storage* - Available (not crossmatched) autologous and directed donor units are stored on designated shelves in the Zone 6 (available inventory) refrigerator. Reserved (crossmatched) autologous or directed donor units are stored on the appropriate blood type shelf in Zone 3 (reserved inventory). Place auto/DD units in designated red containers in front of allogeneic units crossmatched for the patient to assure auto/DD units are used in the order stated below. Allogeneic units crossmatched for Auto/DD patients shall bear a sticker stating “Patient has Autologous blood” or Patient has Directed Donor blood” as appropriate.
4. *Issuing units*- write “AUTO PC” or “DD PC” as appropriate on the O.R. Delivery Record. Issue only autologous units first. Issue directed donor units next. Additional crossmatched allogeneic units must be held in the Blood Bank until specifically requested by the physician. Ensure autologous and/or directed donor units are transfused before issuing allogeneic units. Follow the same order of issue when units are released for transfusion on nursing units.
5. *Crossover* - Autologous units are reserved for the patient until expiration. No autologous units are “crossed-over” or released for allogeneic use. Units not transfused are discarded in biohazard waste. Directed donations are reserved for the designated patient unless released by the attending physician. Discard expired units in biohazard waste. Discard units in BBIS with disposition reason code EXPIRED.

6. *Billing* - Autologous and directed donor units are charged to the patient when they are ordered and crossmatched.

Approved by:  _____ Robert L. Booth, Jr., M.D. Associate Professor Director, Clinical Pathology/Hematopathology Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB	Review/Revision Date: 6/92 1/98 3/99 11/99 2/05 2/07 6/9/2008 Next Review Date: 6/1/2011
Policies Superseded by This Policy:	

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.

Technical Manual, American Association of Blood Banks, current edition.