Name of Policy: Blood and Component Label Verification Policy Number: 3364-108-204 Approving Officer: Senior Hospital Administrator Director, Blood Transfusion Service Responsible Agent: Blood Transfusion Service Supervisor Administrative Director, Lab Scope: University of Toledo Medical Center Pathology/Laboratory – Blood Bank	UTOLEDO HEALTH Effective date: ~~03/01/2025~~ Original effective date: 06/1996
Key words: Blood, Component, Label Verification, Blood Label, FFP, Cryo	

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) ~~(A)~~ Policy Statement

The Blood Transfusion Service labels modified and “crossmatched” blood and components accurately, by a uniform procedure and with a second verification of accuracy of product labels.

(B) ~~(B)~~ Purpose of Policy

To provide accurate, uniformly labeled blood components for distribution to patients.

(C) ~~(C)~~ Procedure

~~1.~~(1) Attach labels used as secondary bag labels to the primary bag label. Avoid obscuring FDA-mandated portions of the primary label (Name of component, Instructions to the transfusionist, “Volunteer Donor," etc.)

~~2.~~(2) Label all blood and blood components according to the appropriate format in Procedure Manual Section 400.

~~3.~~(3) When blood or components are modified requiring a new ABO/Rh type label, as for thawed~~pooled~~ components, a second check shall be done to compare and verify that the following information is correct on the blood unit label and the compatibility label: unit source number ~~or UTMC-assigned number~~, ABO/Rh type assigned, product code, expiration date and time, UTMC component preparation product label.

(4) The unit bag labels shall be compared to the information on the Transfusion Record and the compatibility label at the time of product preparation/ crossmatch by scanning bar-codes for confirmation. The information shall be compared and verified a second time at product issue by scanning bar-codes for confirmation.

(D) References

~~4.~~ Current Edition, Standards for Blood Banks and Transfusion Services, AABB.

Approved by:	Policies Superseded by This Policy: • *None* Initial effective date: 06/1996 All Review/Revision Dates: 6/96 1/97 3/99 11/99 3/02 1/05 6/9/2008 03/22/2011 03/01/2013 3/2/2015 3/1/2017 3/1/2019 3/1/2021 3/20/2023 ~~03/01/2025~~ Next review date: ~~03/01/2027~~
Lauren Stanoszek, M.D. Assistant Professor Director, Blood Transfusion Service Date Russell Smith Pharm D, MBA, BCPS, CPEL, FACHE Senior Hospital Administrator Date *Review/Revision Completed by:* Danielle Weilnau MLS(ASCP)CM	

~~Approved by:~~	~~Review/Revision Date:~~ ~~6/96~~ ~~3/1/2021~~ ~~1/97~~ ~~3/20/2023~~ ~~3/99~~ ~~11/99~~ ~~3/02~~ ~~1/05~~ ~~6/9/2008~~ ~~03/22/2011~~ ~~03/01/2013~~ ~~3/2/2015~~ ~~3/1/2017~~ ~~3/1/2019~~
~~Lauren Stanoszek, M.D.~~ ~~Assistant Professor~~ ~~Director, Blood Transfusion Service~~ ~~Date~~ ~~Christine Stesney-Ridenour~~ ~~Chief Operating Officer – UTMC~~ ~~Review/Revision Completed By:~~	~~Next Review Date: 3/1/2025~~

~~Danielle Weilnau, MT(ASCP)~~	
~~Policies Superseded by This Policy:~~	

~~Reference: Current Edition, Standards for Blood Banks and Transfusion Services, AABB.~~