APPENDIX F

VISTA BLOOD BANK USER MANUAL INTENDED USES

Preface Directions for Use

##### The Laboratory Planning and Implementation Guide Version 5.2 of the Laboratory software application provides detailed instructions on implementation of the software application and file setups.

##### The Blood Bank User Manual Version 5.2 provides detailed information and specific examples of data entry for each option. This manual is targeted toward the end users of the software and explanations are geared to the medical technologist, Blood Bank supervisory and/or Blood Bank Medical Director.

##### The Release Notes and Implementation Guide for Patch LR\*5.2\*72 includes an itemized listing of the data dictionary, option, and functionality changes, as well as instructions for implementation. Since Release Notes usually include information on other modules in addition to Blood Bank, the sections applicable to Blood Bank are also documented in Appendix D of the Blood Bank User Manual.

##### In addition, all patch messages for the Blood Bank module are prepared in a standardized format and include directions for the Blood Bank staff as well as for the Laboratory Information Manager and/or Information Resource Management (IRM) staff.

#### Intended Uses

###### The intended uses for the ***V****IST****A*** Blood Bank Software V. 5.2 are detailed in the following sections by major function, (i.e. donor, inventory and patient). For each major function, a descriptive listing of the data elements for the file is provided, followed by a detailed listing of software limitations and a table of intended uses.

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# VISTA Laboratory Blood Bank Version 5.2 Software Intended Uses

## Introduction

##### The delivery of quality healthcare services to eligible veterans is one of the primary missions of the Department of Veterans Affairs (DVA). Within the DVA, the Veterans Health Administration (VHA) operates the largest centrally directed electronic healthcare information system in the United States. The electronic information systems provide vital support to the delivery of healthcare to veterans at 173 Veterans Administration Medical Centers (VAMCs), 389 outpatient clinics, 131 nursing homes, and 39 domiciliaries.

##### In 1982, VHA committed to building an electronic healthcare architecture titled Veterans Health Information Systems and Architecture ( **V***IST***A**), formerly Decentralized Hospital Computer Program (DHCP). The focus of the program was the implementation of software modules that were easily integrated into a complete electronic hospital information system. By 1990, VHA had upgraded computer capacity at all VAMCs, and is now implementing software on a national scale that supports integrated healthcare delivery. All VA facilities have been integrated for the past eight years with a digital communications network. Through enhancement of its data transport utility, Patient Data Exchange (PDX), VA healthcare facilities can exchange health summaries containing relevant clinical data across the VA network. As VHA evolves into a managed care organization, the information network capabilities will provide support for health plan business elements in all operational and patient care support areas.

##### In developing **V***IST***A** software, VHA established the following criteria for design and integration:

##### Software applications that are standardized and able to be exported to all VAMCs.

##### Technical integration through the use of a common database, programming standards and conventions, and data administration functions.

##### Functional integration through utilities such as order entry/results reporting and flexible healthcare summaries.

##### Standard data elements.

##### Timely access to data.

##### Equipment and software specifications that avoid dependence on a single vendor.

##### A system that is easy to use for the information resources manager and the healthcare professional.

##### System integrity and protection of data against loss and unauthorized change, access or disclosure.

##### Blood Banking involves many sophisticated analyses that, without automation/ computerization, can only be performed by highly skilled persons. The human ability to “look for things” is more flexible than a computer’s; but the ability to be flexible and intelligently search for and analyze information starts to break down as the quantity of information becomes larger. Computers, however, can handle vast amounts of information without suffering any deleterious effects. Therefore, a sophisticated computer system allows the highly trained technical staff to devote more time and energy to those problems and sophisticated analyses that are not yet within the realm of a computer.

#### The goals of the *VISTA* Blood Bank software are to:

##### Improve the safety of blood/blood component transfusion by decreasing the number and severity of errors, through retrieval of previous records, verification of present results, detection of inconsistencies in data, bar code entry of unit ID, ABO/Rh, etc., and computer assisted donor labeling.

###### Improve the quality of patient care through evaluation of transfusion appropriateness flags for specific components, and evaluation of transfusion increments.

###### Decrease the clerical workload through bar code entry of unit information, printing of transfusion requests, transfer of information to multiple records and preparation of labels for specimens and unit tags.

###### Improve resource management through statistics by location, physician, and/or treating specialty, through access of information by other medical staff and by optimizing inventory control.

##### While the computerizing of any system can require changes in that system, this module has been designed to impose no substantive changes in the actual workflow. With the exception of the actual worksheets for recording tests results and interpretations, the majority paper documents will be replaced by the computer.

### Hardware Sizing Model

##### Platform size and disk capacity was chosen based on internal VA sizing algorithms which measure the mission, size, and complexity of all VHA facilities. Hardware was initially distributed from a centralized purchase which provided DEC Alpha systems for the largest 108 facilities and Intel based PC systems for the remaining (at that time) 64 hospitals. Local facilities are authorized to accommodate local needs or to improve performance as required.

##### In 1982, the Department of Medicine and Surgery within the Department of Veterans Affairs developed a planning tool for estimating resource requirements for ***V****IST****A***. The planning tool is called the “sizing model”. The “sizing model” is composed of algorithms for each software application that use workload data to calculate resource requirements for the VAMCs. All VAMCs were assigned a “Class” status based on the first sizing model results. Class I facilities were considered to have the largest resource needs and Class V were considered to have the smallest.

##### Computing equipment to support the CORE applications, including the Laboratory software application was distributed with respect to class status. At that time, the Laboratory software application did not include Blood Bank software.

###### Over the following years, the scope of ***V****IST****A*** grew. The CORE applications were enhanced and new applications were added (both clinical and administrative). A second sizing model was developed in 1986 applying the same principals used for the first sizing model. However, the first sizing model addressed five applications, the second sizing model covered thirty. The first sizing model took into account a dozen input variables, the second employed nearly two hundred workload indicators. Application specific algorithms were developed using input from software application developers, subject matter experts, and hospital system managers who were already supporting these applications in a production environment. Each application is addressed separately with a computed expression for processing power, disk storage, video terminal, and printer requirements. Therefore, site specific requirements can reflect the particular mix of applications relevant to each unique setting.

###### The sizing model results are in terms of central processing through-put units (TUs), disk capacity, terminal and printer requirements. For the model, the PDP 11/44 processors are used as the benchmark for comparisons. One TU may be considered as equivalent to one quarter of the processing power of four networked PDP 11/44 processors. Estimates indicated that twenty users simultaneously accessing the central processing unit would use one TU. The Alpha equipment currently in use has a capacity approximately twenty times greater than the PDPs.

###### Information was collected from a variety of sources, including Automated Management Information System (AMIS) workload reports. In order to verify the accuracy of the input data, each site was given the opportunity to review and correct its own data profile. Corrections were made based on site input including supporting documentation and certification by the facility Director.

###### Accuracy of the sizing model predictions has been confirmed for applications that are in current production use. The sizing model process is inherently dynamic, with progressive refinement resulting from increasing understanding, continual change resulting from events at each site, and periodic revision by the Capacity Management and Planning group at the San Francisco Chief Information Officer Field Office (CIOFO).

###### The sizing model was again updated in 1995. The use of bar code readers were optional at that time and not included in this model. This issue will be revisited based on the upcoming conversion from Codabar to ISBT Code 128, which has a significant impact on the length and complexity of the unit ID numbers.

###### Blood Bank Data

##### Total # crossmatches (taken from FY95 AMIS Segment H29)

##### Total # blood donors (taken from FY95 AMIS Segment H29)

###### Number of technicians working in the blood bank during the day

###### Blood Bank Equations

###### Blood Bank through-put units (TU)

###### ((CRTs + PRTs)/25) + (Crossmatches/200,000)

###### Blood Bank Disk

###### Algorithm is based on # crossmatches and # donors.

##### Each crossmatch test requires 2.5K of storage (considering both the BLOOD INVENTORY file (#65) and the LAB DATA file (#63)) and each blood donor requires 0.2K of storage. The result is divided by 1000 to indicate megabytes. A constant of 1MB is added.

###### Blood Bank CRTs

##### Algorithm is based on # crossmatches, # donors, and maximum # techs on duty in Blood Bank at one time

###### For sites with Blood Bank activity and less than 1800 donors, allow one CRT for every two techs, with a minimum of one CRT.

###### For sites with more than 1800 donors/year, an additional CRT is added.

**NOTE:** This is based on the type of data entry and the limitations detailed in Section IX Functional Requirements.

###### Blood Bank Printers

###### Algorithm is based on the # crossmatches, with a minimum of one

**NOTE:** This assumes that Blood Bank is in close proximity to other laboratory sections and that label printers can be shared.

###### Since the Blood Bank software represents only one component of the much larger hospital system, hardware considerations must be viewed in context. Although a TU can be calculated for each facility based on an appropriate algorithm, the adequacy of this measure is better reflected in terms of response time and the availability of CRTs.

### Number of Users

###### The number of users who can access the system simultaneously is controlled by the number of available CRTs. Since the Blood Bank software is part of an integrated hospital computer system involving over thirty software applications, the total number of CRTs and users is beyond the scope of control of Blood Bank or even the Pathology & Laboratory Medicine Service. However, the number of CRTs needed to support the Blood Bank software is provided by the sizing model as indicated above.

### Response Time

###### The integrated system provides dynamic adjustments of resources that provide optimum response time to on-line users. Performance monitoring tools allow each individual site to monitor and review response time to provide less than two second average responses, with an optimum target of under one second for responses. System load is balanced to provide acceptable response for printing labels and reports for users.

### Storage Capacity

##### VHA Directive 10-95-094, dated September 28, 1995, provides instructions for archiving and purging data to relieve current disk storage limitations. Health care facilities are instructed to ensure that the presence of historical data in the **V***IST***A** databases does not adversely impact the ability to store current patient and administrative data. Data elements not specifically detailed in this directive represent completed actions, are not otherwise subject to retention requirements and are considered purgeable after 90 days or the time established by the software. If disk storage limitations are particularly severe, this period may be shortened on a case by case basis at the discretion of the Chief, Information Resources Management Service (IRM) and the Chiefs of the respective using Services, with the approval of the medical center Director. Data for blood donors, blood inventory, and patients are specifically detailed in this directive, and therefore, are not subject to routine purging.

###### As noted in the sizing model, it is possible to predict the amount of disk space required to support the Blood Bank software on an annual basis. The tools available as part of the Statistical Analysis of Global Growth software provide data such as number of entries, number of blocks currently in use, percent change in a single day, percent change in the last 28 days, etc. The tools may be used by the sites to assist in evaluating current and future needs.

###### A variety of options exist which provide purge and archive capabilities, some of which are in the main Laboratory software application and some of which are specific to the blood bank software. Each of these options is discussed below. In general, data for the BLOOD INVENTORY file (#65) and the BLOOD DONOR file (#65.5) can be printed and purged as detailed below. However, patient data that is stored in the LAB DATA file (#63) is maintained on-line permanently. A listing of the data elements for each of these files is included in Section IX Functional Requirements.

###### The Purge Old Orders and Accessions [LROC] option is an interactive manual purge of the old data in the ACCESSION file (#68) and LAB ORDER ENTRY file (#69.9) within the Laboratory software application. No patient test data is purged with this option.

###### The amount of data retained is site definable via the Grace Period For Orders field (#15), in the LAB ORDER ENTRY file (#69.9). Access to this option requires a higher level of security and is generally restricted to the IRM staff. This purge includes orders for blood bank tests; however, this is included in the limitations detailed in Section IX Functional Requirements.

###### The Laboratory Archiving enhancement provided in patch LR\*5.2\*59 provide archiving capability for the WKLD DATA file (#64.1) and the LAB MONTHLY WORKLOADS file (#67.9). Since this global/file can grow quite large as it holds data on each test performed within the lab, archiving/purging is necessary to control its growth.

###### The VA FileManager Extract Tool is used to move data from the source file to a destination (archive) file. After the data has been copied to external media, the data can then be purged from the source file. A variety of reporting capabilities is available for the archived data; however, the data cannot be restored to the source file. This purge includes blood bank workload; however, this data is collected for purely administrative/ management purposes and has no relation to any safety critical functional requirements. The Purge Data Found in the Search [LR ARCHIVE PURGE] option is used to archive laboratory data for patients based on an algorithm and site defined parameters. Blood bank data is not included in this algorithm (i.e., only data for CH subscript tests is evaluated and included in the archive/purge).

###### The Purge the Cumulative File [LRAC PURGE] option is used to purge entries in the CUMULATIVE file (#64.7) based on an algorithm and site defined parameters for the grace period. Patient lab test data is not removed is stored in the LAB DATA file (#63). Blood bank data is not included in this algorithm (i.e., only CH and MI subscript tests are included in the cumulative report). Blood bank test reports are generated via a separate option and data is pulled directly from the LAB DATA file (#63).

###### The Remove inappropriate transfusion requests [LRBLSRI] option is used to purge inappropriate transfusion requests which are identified and flagged based on site defined audit criteria. Access to this option requires a higher level of security than the majority of the blood bank options. This option should be run periodically as necessary, usually on a monthly basis. Before running the Remove inappropriate transfusion requests [LRBLSRI] option, sites should generate the Inappropriate Transfusion Requests Report [LRBLPRIT] option. The removal of the listing of the inappropriate requests does not affect actual component request information.

###### The Remove units with final disposition [LRBLSER] option is used to remove data from the BLOOD INVENTORY file (#65) when a final disposition has been entered. Prior to using this option, the Print units with final disposition [LRBLRUF] option **must** be executed. This option identifies those units which meet the criteria (i.e., a final disposition has been entered to provide a hard copy document of all data in the BLOOD INVENTORY file (#65) for each unit sorted by unit number which can be retained in accordance with record retention requirements). Removing units from the BLOOD INVENTORY file (#65) does not affect a patient’s transfusion record. Access to the Remove units with final disposition [LRBLSER] option requires a higher level of security than the majority of the blood bank options. The frequency by which this option is used is determined by the site. However, based on the minimal amount of space used by the LRD global where the data for the BLOOD INVENTORY file (#65) is stored, adequate storage capacity exists to provide on-line storage for many years, though not necessarily indefinitely. On-line storage is preferable in order to expedite access to data in the event that a unit is identified through ‘look back’ procedures. If so desired, the growth of this global can be monitored by the IRM at the site on a regular basis.

###### The Remove ex-donors [LRBLDK] option is used to remove donors from the BLOOD DONOR file (#65.5). Prior to using this option sites **must** execute the Print ex-donor [LRBLDEX] option. The Print ex-donor [LRBLDEX] option will identify donors who meet the remove ex-donors criteria, (i.e., no donations since the date specified by the site and to provide a hard copy document of all data in File (#65.5) for each donor sorted by donor which can be retained in accordance with record retention requirements).

###### Access to the Remove ex-donors [LRBLDK] option requires a higher level of security than the majority of the blood bank options.

###### The frequency with which this option is run is determined by the site; however, based on the minimal amount of space used by the LRE global where the data for File (#65.5) is stored, adequate storage capacity exists to provide on-line storage for many years, though not necessarily indefinitely. On-line storage is preferable in order to expedite access to data in the event that a donor is identified through ‘look back’ procedures. If so desired, the growth of this global can be monitored by the IRM at the site on a regular basis.

###### The Remove data change audits [LRBLAR] option is used to remove the entries on the audit trail which are created based on algorithms included in the software for tracking changes in specific data.

**NOTE:** See Section IX Functional Requirements for a detailed listing of the fields for the BLOOD DONOR file (#65.5), BLOOD INVENTORY file (#65), and LAB DATA file (#63).

##### In some cases, the algorithm is part of the routine and in some cases, it is part of the input template. The entries for the audit trail are stored in the LAB SECTION PRINT file (#69.2), Data Change Date field (#999) is stored by ACCESSION AREA. Recommendations are for the Print data change audits [LRBLAD] option to be run on a regular basis as part of the supervisory review. The frequency by which the entries on the audit trail are removed is determined by the site and should be related to the procedures for retaining the hard copies of the audit trail report and the record retention policy at the site. Access to this option requires a higher level of security than the majority of the blood bank options. Deletion of the entries on the audit trail does not affect the appearance of comments automatically generated regarding changes in verified data for the patient test results entered through the Enter test data [LRBLPET] option, including ABO, Rh, antibody screening and direct antiglobulin testing. On the Blood Bank Tests Report, the comments will still appear indicating both the new result and the original result even after the entry on the audit trail has been deleted.

# Blood Donor Functions

## BLOOD DONOR file (#65.5) Description of Data Elements

|  |  |  |
| --- | --- | --- |
| Field# | FieldHelp PromptDescription | Data Type ( PM=Pattern Match) |
| .001 | IDENTIFICATION NUMBER | NUMBER |

TYPE A WHOLE NUMBER BETWEEN 1 AND 999999999

This is a unique number assigned to the blood donor. An existing number cannot be assigned to a new donor.

* 1. NAME FREE TEXT

NAME MUST BE 3-30 CHARACTERS, NOT NUMERIC OR STARTING WITH PUNCTUATION

Name of blood donor

* 1. SEX SET

‘M’ FOR MALE; ‘F’ FOR FEMALE;

This is the sex of the blood donor.

* 1. DOB DATE (PM= Exact date (with

month and day) required and echo the answer)

This is the age of the donor. (Must be 17 years or older.)

.031 AGE COMPUTED

This is the computed age of the donor.

Algorithm: TODAY-DOB/365.25 (always 0 decimal digits)

1. APHERESIS CODE SET

‘1’ FOR YES;

‘2’ FOR NO;

‘1’ FOR yes;

‘2’ FOR no;

If donor is willing donate plasma, platelets, or leukocytes enter ‘YES’

1. ABO GROUP SET

‘A’ FOR A;

‘B’ FOR B;

‘O’ FOR O; ‘AB’ FOR AB;

The ABO group of the donor is entered here

1. RH TYPE SET

The RH type of the donor is entered here

‘POS’ FOR POSITIVE; ‘NEG’ FOR NEGATIVE;

1. CUMULATIVE DONATIONS NUMBER TYPE A WHOLE NUMBER BETWEEN 0 AND 9999999

Total number of donation credits based on values assigned to each type of donation.

Field Name Help Prompt

Field# Description Data Type

1. TOTAL AWARDS NUMBER

TYPE A WHOLE NUMBER BETWEEN 1 AND 99999

Number of awards given based on 1 award for each gallon or equivalent (8 donation credits) donated

.085 GIVE NEW AWARD SET

‘1’ FOR YES;

To acknowledge giving award delete entry by entering ‘@’

.09 DEMOG ENT/EDIT BY POINTER TO NEW PERSON FILE(#200)

Person entering or editing donor demographic data

.1 PERMANENT DEFERRAL SET

‘1’ FOR YES;

‘0’ FOR NO;

If the donor is to be permanently excluded from donation enter ‘YES’ Donor should be permanently deferred as a homologous blood donor based on donor history or test results.

1. DATE REGISTERED/EDITED DATE (PM= Exact date (with

month and day) required, time allowed and echo the answer)

DATE DONOR IS ENTERED/EDITED IN THE FILE

This is the date the donor was registered into this file.

1. DEFERRAL ENTER/EDIT BY POINTER TO NEW PERSON FILE (#200)

Person entering or editing permanent deferral of donor.

1. SSN FREE TEXT

ANSWER MUST BE 9-10 CHARACTERS IN LENGTH

This field contains the social security number of the donor.

NOTE: The entry for the FORUTH DEFAULT for DONOR in the LABORATORY SITE file (#69.9) controls whether this field is included in the input template.

1. MILITARY RANK FREE TEXT

Answer must be 2-20 characters in length.

If this collection is being performed by a DOD site, the rank of the donor is entered in this field.

NOTE: The entry for the SECOND DEFAULT for DONOR in the LABORATORY SITE file (#69.9) controls whether this field is included in the input template.

1. PERMANENT DEFERRAL DATE CHANGE DATE (PM= Exact date (with

month and day) required, time allowed and echo the answer)

If the deferral date is adjusted, the date is entered in this field.

Field Name Help Prompt

Field# Description Data Type

* 1. ADDRESS LINE 1 FREE TEXT ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

First line of donor address

* 1. ADDRESS LINE 2 FREE TEXT ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

Second line of donor address (if necessary)

* 1. ADDRESS LINE 3 FREE TEXT ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

Third line of donor address (if necessary)

* 1. CITY FREE TEXT

ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

City of donor

* 1. STATE POINTER TO STATE FILE (#5) State of donor residence
	2. ZIP CODE FREE TEXT

ANSWER MUST BE 5-9 CHARACTERS IN LENGTH

Zip code of donor

* 1. HOME PHONE FREE TEXT

ANSWER MUST BE 3-15 CHARACTERS IN LENGTH

Home phone of donor

* 1. WORK PHONE FREE TEXT

ANSWER MUST BE 3-15 CHARACTERS IN LENGTH

Phone where donor works so that the donor may be reached during working hours if necessary

1. GROUP AFFILIATION (Subfile 65.51) POINTER Multiple
	1. GROUP AFFILIATION POINTER TO BLOOD BANK UTILITY FILE (#65.4)

These are groups with which the donor may be associated.

* 1. FULL NAME COMPUTED
1. DONOR SCHEDULING (Subfile 65.52) Field Not in Use

.01 BLOOD DONOR COMMENTS Field Not in Use

|  |  |  |
| --- | --- | --- |
| Field# | FieldHelp PromptDescription | Data Type |
| 4 | DONOR SCHEDULING/RECALL (Subfile 65.53) | SET |
| Multiple |  |  |  |
| .01 DONOR SCHEDULING/RECALL | SET ‘1’ | FOR | JAN; |
|  | ‘2’ | FOR | FEB; |
|  | ‘3’ | FOR | MAR; |
|  | ‘4’ | FOR | APR; |
|  | ‘5’ | FOR | MAY; |
|  | ‘6’ | FOR | JUN; |
|  | ‘7’ | FOR | JUL; |
|  | ‘8’ | FOR | AUG; |
|  | ‘9’ | FOR | SEP; |

‘10’ FOR OCT;

‘11’ FOR NOV;

‘12’ FOR DEC;

‘13’ FOR 7/4;

‘14’ FOR LABOR DAY; ‘15’ FOR XMAS;

‘16’ FOR EMERGENCY;

These are donors placed on a specific recall list for recruitment purposes.

5 DONATION OR DEFERRAL DATE (Subfile 65.54) DATE Multiple

.01 DONATION OR DEFERRAL DATE DATE (PM = Exact date (with

and day) required and echo the answer; allows dates up to and including the current date)

These are the dates of donation or deferral.

Date when a person appears for donation. If no donation then this date is the deferral date; otherwise it is the donation date.

.011 DONATION ENTERED/EDIT BY POINTER TO NEW PERSON FILE (#200)

Person entering or editing donation information.

1. COLLECTION SITE POINTER TO BLOOD BANK UTILITY FILE (#65.4)

Site at which a donation attempt is made.

1. DONATION GROUP POINTER TO BLOOD BANK UTILITY FILE (#65.4)

Group affiliation for which a donation attempt is made.

* 1. ARRIVAL/APPT TIME DATE (PM = Exact date (with month and day) required and echo the answer; allows dates up to and including the current time)

Future date/time not allowed.

This is the date/time the donor arrives for an appointment to donate.

Field

Help Prompt

Field# Description Data Type

* 1. ENTRY VIA OLD RECORDS SET

‘1’ FOR YES;

‘0’ FOR NO;

If data entry for donation/deferral date subfield is by way of the enter old records option, a ‘YES’ is entered in this field.

1. DONATION/DEFERRAL CODE SET

‘W’ FOR WHOLE BLOOD; ‘P’ FOR PLASMAPHERESIS; ‘C’ FOR CYTAPHERESIS; ‘N’ FOR NO DONATION;

This is the result of donation attempt. If donation successful, the type of donation is entered.

* 1. DONATION TYPE SET

‘H’ FOR HOMOLOGOUS; ‘A’ FOR AUTOLOGOUS; ‘T’ FOR THERAPEUTIC; ‘D’ FOR DIRECTED;

This is the donation type.

* 1. RESTRICTED FOR FREE TEXT

If autologous donation donor must be the same as the patient If autologous donor must also be the patient selected.

If directed donation can be any patient selected.

1. DEFERRAL REASON (Subfile 65.55) POINTER Multiple

.01 DEFERRAL REASON POINTER TO BLOOD BANK UTILITY FILE (#65.4)

These are the reasons for which the donor is deferred.

1. DONOR REACTION CODE POINTER TO BLOOD BANK UTILITY FILE (#65.4)

Any adverse reaction which the donor might have suffered during or immediately following the blood donation.

1. UNIT ID FREE TEXT

UNIQUE ID ASSIGNED TO PRIMARY UNIT

Enter ID that component(s) prepared from donation will be labeled. This determines that the donor ID assigned to another donation within the past 5 years will not be allowed.

* 1. PRIMARY BAG SET

‘1’ FOR SINGLE;

‘2’ FOR DOUBLE;

‘3’ FOR TRIPLE;

‘4’ FOR QUADRUPLE;

‘5’ FOR QUINTUPLE;

This is the type of bag used for the collection of the donor blood.

Field

Help Prompt

Field# Description Data Type

4.11 ANTICOAGULANT/ADDITIVE SET

‘1’ FOR CPD;

‘2’ FOR ACD;

‘3’ FOR CPDA-1;

‘4’ FOR ADSOL;

This is the type of anticoagulant in the collection bag.

4.15 BAG LOT # FREE TEXT

ANSWER MUST BE 1-15 CHARACTERS IN LENGTH

This is the lot number of the collection bag.

NOTE: The entry for the THIRD DEFAULT for DONOR in the LABORATORY SITE file (#69.9) controls whether this field is included in the input template.

* 1. DATE/TIME COLLECTION STARTED DATE (PM=Exact date (with

month and day) and time required and echo the answer)

Date AND time must be entered !!

This is the date and time the donation was started.

* 1. DATE/TIME COLLECTION COMPLETED DATE (PM=Exact date (with

month and day) and time required and echo the answer)

This is the date and time the donation was completed.

* 1. DATE/TIME PROCESSED DATE (PM=Exact date (with month and day) and time required and echo the answer; allows dates up to and including the current time)

DATE AND TIME COLLECTION WAS PROCESSED

Date/time at which the component preparation started.

* 1. COLLECTED PRIMARY UNIT WT (gm) NUMBER WEIGHT IN GRAMS OF COLLECTION INCLUDING CONTAINER TYPE A NUMBER BETWEEN 1 AND 9999

This is the gross weight of the unit collected.

* 1. EMPTY PRIMARY UNIT WT (gm) NUMBER WEIGHT IN GRAMS OF COLLECTION CONTAINER TYPE A NUMBER BETWEEN 1 AND 1000

Weight of the empty donor bag (primary bag only).

* 1. COLLECTION VOL (ml) NUMBER TYPE A WHOLE NUMBER BETWEEN 1 AND 9999 Volume of blood collected (ml)

Algorithm: ( Volume = collected primary unit wt (gm) minus empty primary unit wt (gm) divided by 1.06 )

Field

Help Prompt

Field# Description Data Type

* 1. PROCESSING TECH POINTER TO NEW PERSON FILE (#200) Person performing the component preparation.
1. PATIENT CREDIT FREE TEXT Enter patient for donation credit

Patient for whom a unit of blood was donated, i.e. to whom should the “replacement” be credited.

1. PHLEBOTOMIST FREE TEXT ANSWER MUST BE 2-30 CHARACTERS IN LENGTH

Name of person performing the collection.

* 1. COLLECTION DISPOSITION SET

‘0’ FOR PREPARE COMPONENT(S); ‘1’ FOR QUARANTINE;

‘2’ FOR DISCARD COLLECTION;

Records what happened to the collection.

* 1. COLLECTION DISPOSITION COMMENT (Subfile 65.546) Multiple

.01 COLLECTION DISPOSITION COMMENT FREE TEXT ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

These are comments regarding the collection disposition.

1. RBC TYPING METHOD (Subfile 65.61) Field Not in Use
2. RBC TYPING METHOD Field Not in Use
3. TECHNIQUE Field Not in Use
4. TECHNOLOGIST Field Not in Use

1 ANTISERUM (Subfile 65.62) Field Not in Use

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| .01 ANTISERUM | Field | Not | in | Use |
| .02 LOT # | Field | Not | in | Use |
| .03 INTERPRETATION | Field | Not | in | Use |
| .04 IS | Field | Not | in | Use |
| .05 37 C | Field | Not | in | Use |
| .06 AHG | Field | Not | in | Use |
| .07 CONTROL CELL | Field | Not | in | Use |
| .08 ROOM TEMP | Field | Not | in | Use |
| .09 12-18 C | Field | Not | in | Use |
| .1 4 C | Field | Not | in | Use |
| 8.1 DONOR CELLS+ANTI A | Field | Not | in | Use |
| 8.2 DONOR CELLS+ANTI B | Field | Not | in | Use |
| 8.3 DONOR CELLS+ANTI A,B | Field | Not | in | Use |
| 8.4 DONOR PLASMA/SERUM+A1 CELLS | Field | Not | in | Use |
| 8.5 DONOR PLASMA/SERUM+B CELLS | Field | Not | in | Use |
| 9.1 DONOR CELLS+ANTI D | Field | Not | in | Use |
| 9.2 DONOR CELLS+RH CONTROL | Field | Not | in | Use |

Field

Help Prompt

Field# Description Data Type

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 9.3 | DONOR | CELLS+ ANTI D (37 C) | Field | Not | in | Use |
| 9.4 | DONOR | CELLS+RH CTRL (37 C) | Field | Not | in | Use |
| 9.5 | DONOR | CELLS+ANTI D (AHG) | Field | Not | in | Use |
| 9.6 | DONOR | CELLS+RH CTRL (AHG) | Field | Not | in | Use |
| 10 | ABO INTERPRETATIONINTERPRETATION OF ABO TESTING | SET‘A’ FOR A;‘O’ FOR O;‘B’ FOR B; ‘AB’ FOR AB; ‘ND’ FOR NOT | DONE; |

This is the interpretation of ABO grouping results.

* 1. TECH ENTERING-ABO INTERP POINTER TO NEW PERSON FILE (#200) This is the technologist entering ABO interpretation.
	2. ABO TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

This is a comment concerning the ABO testing.

* 1. ABO INTERPRETATION RECHECK SET

‘A’ FOR A;

‘O’ FOR O;

‘B’ FOR B; ‘AB’ FOR AB;

Recheck of ABO group interpretation.

* 1. TECH ENTERING-ABO RECHECK POINTER TO NEW PERSON FILE (#200) Technologist entering ABO grouping recheck.
	2. ABO RECHECK COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH. ABO grouping recheck comment.
1. RH INTERPRETATION SET

‘NEG’ FOR NEGATIVE; ‘POS’ FOR POSITIVE; ‘ND’ FOR NOT DONE;

INTERPRETATION OF RH TESTING

This is the interpretation of Rh typing results.

* 1. TECH ENTERING-RH INTERP POINTER TO NEW PERSON FILE (#200) This is the technologist entering Rh interpretation.
	2. RH TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH This is a comment concerning the RH testing.
	3. RH INTERPRETATION RECHECK SET

‘NEG’ FOR NEGATIVE; ‘POS’ FOR POSITIVE;

Rh interpretation recheck

Field Name Help Prompt

Field# Description Data Type

* 1. TECH ENTERING-RH RECHECK POINTER TO NEW PERSON

FILE (#200)

Technologist entering Rh type recheck.

* 1. RH TESTING RECHECK COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

Rh testing recheck comment

1. SYPHILIS SEROLOGY SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

This is the results of syphilis serology test.

* 1. TECH-SYPHILIS SEROLOGY POINTER TO NEW PERSON FILE (#200) Technologist entering syphilis serology results.
	2. SYPHILIS SEROLOGY COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

This is a comment concerning the syphilis serology test.

1. HBsAg SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

Hepatitis B surface antigen

These are the results of hepatitis B surface antigen testing.

* 1. TECH-HBsAg POINTER TO NEW PERSON FILE (#200) Technologist entering Hepatitis B surface antigen test results.
	2. HBsAg COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH This is a comment concerning the HBsAg test.
1. HIV ANTIBODY SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

HUMAN IMMUNODEFICIENCY ANTIBODY

These are results of HIV antibody testing.

* 1. TECH-HIV POINTER TO NEW PERSON FILE (#200)

Technologist entering HTLV-III test results.

* 1. HIV TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH This is a comment concerning the HIV test.

Field Name Help Prompt

Field# Description Data Type

1. ANTIBODY SCREEN RESULT SET

‘0’ FOR NEGATIVE;

“1’ FOR POSITIVE; ‘ND’ FOR NOT DONE;

These are the results of antibody screening.

* 1. TECH-ANTIBODY SCREEN POINTER TO NEW PERSON FILE (#200) Technologist entering antibody screening test results.
	2. ANTIBODY SCREEN COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

This is a comment concerning the antibody screen.

1. HBcAb SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

These are the results of hepatitis core antibody testing.

* 1. TECH-HBcAb POINTER TO NEW PERSON FILE (#200)

This is the technologist entering Hepatitis Core Antibody results.

* 1. HBcAb TEST COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH This is a comment concerning the HBcAb test.
1. ALT SET

‘1’ FOR ELEVATED; ‘0’ FOR NOT ELEVATED; ‘ND’ FOR NOT DONE;

ALANINE-AMINO TRANSFERASE

These are the results of alanine-amino transferase testing. NOTE: The entry for the FIFTH DEFAULT for DONOR in the LABORATORY SITE file (#69.9) controls whether this field is included in the input template.

* 1. TECH-ALT POINTER TO NEW PERSON FILE (#200) This is the technologist entering alanine-amino transferase results.
	2. ALT TEST COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH This is a comment concerning the ALT test.
1. HTLV-I ANTIBODY SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

Results of HTLV-I antibody testing

* 1. TECH-HTLV-I POINTER TO NEW PERSON FILE (#200)
	2. HTLV-I TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

Field Name Help Prompt

Field# Description Data Type

1. HCV ANTIBODY SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

Results of hepatitis C virus (HCV) antibody testing are entered in this field.

* 1. TECH-HCV ANTIBODY POINTER TO NEW PERSON FILE (#200)
	2. HCV ANTIBODY TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH.
1. HIV ANTIGEN SET

‘1’ FOR REACTIVE;

‘0’ FOR NEGATIVE; ‘ND’ FOR NOT DONE;

NOTE: The entry for the SIXTH DEFAULT for DONOR in the LABORATORY SITE file (#69.9) controls whether this field is included in the input template.

* 1. TECH-HIV ANTIGEN POINTER TO NEW PERSON FILE (#200) Technologist performing HIV antigen testing.
	2. HIV ANTIGEN COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH Comment related to HIV antigen testing.

66 BLOOD COMPONENT (Subfile 65.66) POINTER Multiple

These are blood components prepared from the collection.

1. BLOOD COMPONENT POINTER TO BLOOD PRODUCT FILE (#66)

The selection must be a blood component. Blood component prepared from collection.

1. COMPONENT DISP DATE/TIME DATE (PM=Exact date (with

month and day), time allowed and echo the answer; allows dates up to and including the current time)

DATE/TIME OF COMPONENT DISPOSITION

Date/time at which component was released to stock, quarantined or discarded.

1. DATE/TIME STORED DATE (PM=Exact date (with month and day), time allowed and echo the answer; allows dates up to and including the current time)

Date/time component stored.

1. EXPIRATION DATE DATE (PM=Exact date (with month and day), time allowed and echo the answer; allows dates including the current and future times)

Field Name Help Prompt

Field# Description Data Type

Cannot enter expired components. Expiration date/time of component prepared.

1. COMPONENT VOL (ml) NUMBER TYPE A WHOLE NUMBER BETWEEN 0 AND 500

Volume in milliliters (ml) of component prepared.

1. TECH LABELING POINTER TO NEW PERSON FILE (#200)

This is the person initially reviewing the donor results and, if appropriate, placing the correct labels on the component.

1. DISPOSITION TECH POINTER TO NEW PERSON FILE (#200)

Person verifying that the donor results and the labeling are acceptable and that the component can be released to inventory.

1. COMPONENT DISPOSITION SET

‘0’ FOR RELEASE COMPONENT; ‘1’ FOR QUARANTINE;

‘2’ FOR DISCARD;

This is the disposition of component.

1. COMPONENT DISPOSITION COMMENT (Subfile 65.67) Multiple

.01 COMPONENT DISPOSITION FREE TEXT COMMENT

ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

This is the reason component quarantined or discarded.

1. SEDIMENTING AGENT Field Not in Use
2. DRUG Field Not in Use
3. GENERAL APPEARANCE Field Not in Use for Data Storage
4. VENIPUNCTURE SITE Field Not in Use for Data Storage
5. ORAL TEMPERATURE Field Not in Use for Data Storage
6. BLOOD PRESSURE Field Not in Use for Data Storage
7. PULSE Field Not in Use for Data Storage

Field Name Help Prompt

Field# Description Data Type

74.3 PULSE COMMENT Field Not in Use Storage

1. WEIGHT (lb) Field Not in Use for Data Storage
2. HEMOGLOBIN Field Not in Use for Data Storage
3. HEMATOCRIT Field Not in Use for Data Storage
4. TOTAL SERUM PROTEIN Field Not in Use
5. SERUM PROTEIN ELECTROPHORESIS (Subfile 65.6)

Field Not in Use

.01 SERUM PROTEIN ELECTROPHORESIS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 84 | IgG | FieldField | NotNot | inin | UseUse |
| 85 | IgM | Field | Not | in | Use |
| 86 | WBC | Field | Not | in | Use |
| 87 | POLYS | Field | Not | in | Use |
| 88 | EOSINOPHILS | Field | Not | in | Use |
| 89 | BASOPHILS | Field | Not | in | Use |
| 90 | LYMPHOCYTES | Field | Not | in | Use |
| 91 | MONOCYTES | Field | Not | in | Use |
| 92 | PLATELET COUNT | Field | Not | in | Use |

500 WORKLOAD TEST/PROCEDURE (Subfile 65.599) POINTER Multiple

Tests or procedures containing WKLD codes for donor workload are entered here.

.01 WORKLOAD TEST/PROCEDURE POINTER TO LABORATORY TEST

FILE (#60)

Tests or procedures containing WKLD codes for donor workload are entered here.

1 COMPLETE DATE/TIME (Subfile 65.5991) Multiple

1. COMPLETE DATE/TIME DATE (PM=Exact date (with

month and day) and time required and echo the answer)

Used for workload recording. If x-ref exists, workload needs to be counted.

1. TECH POINTER TO NEW PERSON File (#200)

1 WKLD CODE (Subfile 65.59911) POINTER Multiple

1. WKLD CODE POINTER TO WKLD CODE file(#64)
2. WKLD CODE COUNT NUMBER

Type a Number between 0 and 999, 0 Decimal Digits

1. CODE COUNTED SET

‘1’ FOR YES;

‘0’ FOR NO;

|  |  |  |
| --- | --- | --- |
| Field# | FieldHelp PromptDescription | Data Type |
| 6.1 | RBC ANTIGEN PRESENT (Subfile 65.56)Multiple | POINTER |

.01 RBC ANTIGEN PRESENT POINTER TO FUNCTION FIELD FILE (#61.3)

Antigens identified as present on the red blood cells of the donor.

SNOMED codes can be entered as well as the name of the antigen. Synonyms can also be used if they are in the FUNCTION FIELD file (#61.3)

1 COMMENT Field Not in Use

* 1. RBC ANTIGEN ABSENT (Subfile 65.57) POINTER Multiple for RBC Antigen absent

.01 RBC ANTIGEN ABSENT POINTER TO FUNCTION FIELD FILE (#61.3)

1 COMMENT Field Not in Use

* 1. HLA ANTIGEN PRESENT (Subfile 65.58) POINTER Multiple for HLA antigen present

.01 HLA ANTIGEN PRESENT POINTER TO FUNCTION FIELD FILE (#61.3)

1 COMMENT Field Not in Use

* 1. HLA ANTIGEN ABSENT (Subfile 65.59) POINTER Multiple for HLA antigen absent

.01 HLA ANTIGEN ABSENT POINTER TO FUNCTION FIELD FILE (#61.3)

1 COMMENT Field Not in Use

* 1. CMV ANTIBODY SET

‘0’ FOR NEG;

‘1’ FOR POS;

A negative or positive result for the Cytomegalovirus antibody

9 BLOOD DONOR COMMENTS (Subfile 65.52)

.01 BLOOD DONOR COMMENTS WORD-PROCESSING

This field contains comments about the donor not found elsewhere.

63 LABORATORY REFERENCE Field Not in Use

99 PERMANENT DEFERRAL REASON (Subfile 65.99)

.01 PERMANENT DEFERRAL REASON WORD-PROCESSING

Reason(s) why donor is permanently deferred.

## BLOOD DONOR file (#65.5) Data Copied/Entered In BLOOD INVENTORY file (#65) Upon Labeling/Release of Unit

|  |  |  |  |
| --- | --- | --- | --- |
| File 65Field# | Field Name | File 6 5.5 Fieldof Data Origin | DataCopied/Entered |
| .01 | UNIT ID | Subfile 65.54,4 | Exact |
| .02 | SOURCE | NA | Assigns Self |
| .03 | INVOICE# | NA | Assigns 00 |
| .04 | COMPONENT | Subfile 65.66,.01 | Exact |
| .05 | DATE/TIME RECEIVED | Subfile 65.66,.02 | Exact |
| .06 | EXPIRATION DATE/TIME | Subfile 65.66,.04 | Exact |
| .07 | ABO GROUP | Subfile 65.54,10 | Exact |
| .08 | RH TYPE | Subfile 65.54,11 | Exact |
| .11 | VOLUME (ml) | Subfile 65.66,.05 | Exact |
| .16 | DIVISION | NA | Assigns based |
|  |  |  |  | on division of user releasing unit |
| 8 RESTRICTED FOR |  | Subfile | 65.54,1.2 | Exact if data exists, i.e., directed or autologous unit |
| 8.1 POS/INCOMPLETE SCREENING | TESTS | NA |  | Assigns’YES’ based on established algorithm |
| 10 ABO INTERPRETATION |  | Subfile | 65.54,10 | Exact IF recheck is designated for transfer based on site parameter File setup |
| 10.2 TECH ENTERING-ABO INTERP |  | Subfile | 65.54,10.2 | Exact IF recheck is designated for transfer based on site parameter File setup |
| 10.4 ABO MOVED FROM DONOR FILE |  | NA |  | Assigns ‘YES’ if data is transferred |

|  |  |  |  |
| --- | --- | --- | --- |
| File 65Field# | Field Name | File 65.5 Fieldof Data Ori gin | DataCopied/Entered |
| 11 RHrecheck | INTERPRETATION | Subfile 65.54,11 | Exact IF |
|  |  |  | is designated for transfer based on site parameter File setup |
| 11.2 TECH ENTERING-RH INTERP | Subfile | 65.54,11.2 | Exact IF recheck is designated for transfer based on site parameter File setup |
| 11.4 RH MOVED FROM DONOR FILE | NA |  | Assigns ‘YES’ if data istransferred |

|  |  |
| --- | --- |
| 60 | RBC ANTIGEN PRESENT (Subfile 65.04) |
|  | .01 | RBC ANTIGEN PRESENT | Subfile | 65.56,.01 | Exact |
| 70 | RBC.01 | ANTIGEN ABSENT (Subfile 65.05) RBC ANTIGEN ABSENT | Subfile | 65.57,.01 | Exact |
| 80 | HLA.01 | ANTIGEN PRESENT (Subfile 65.08) HLA ANTIGEN PRESENT | Subfile | 65.58,.01 | Exact |
| 90 | HLA.01 | ANTIGEN ABSENT (Subfile 65.09) HLA ANTIGEN ABSENT | Subfile | 65.59,.01 | Exact |
| 91 | CMV | ANTIBODY | Subfile | 65.5,6.5 | Exact |

### Software Limitations

|  |  |
| --- | --- |
| **Functionality** | **Description of Software Limitations** |
| Donor - Registration, Screening and Collection | No evaluation of donor screening responses. No evaluation of donor history/physical results. No evaluation of volume of blood drawn.No evaluation of frequency and timing of autologous donations.No automatic updating of deferral status.No automatic updating and evaluation of donor recruitment/recall information based on actual donation data.No evaluation of information regarding confidential self-exclusion.No provision of an electronic system of records for donor medical history information.No provision of an electronic system of records of therapeutic phlebotomy requests.Partial provision of an electronic system of records for apheresis procedures. |
| Donor - Component Preparation | No system of blood component quality control records. No evaluation of components which can be prepared bas on an evaluation of donation types.Partial system for evaluating mutually exclusive components. |
| Donor Processing/Transfusion Transmitted Disease Marker Testing | No evaluation of results to determine requirements for repeat and/or confirmatory testing.No evaluation of quality control results to validating runs.No provision for test result interpretation based on actual testing results, (e.g. evaluation of actual instrument readings or reactions of antisera).Manual entry of test result interpretations for all required testing, (i.e., no instrument interfaces). Manual entry of ABO/Rh confirmation testing (rechecks).No provision for donor notification of abnormal test results.No provision for notification of recipient’s physician if test result is reactive for unit which was labelled/released with incomplete testing.No system for proficiency testing. |
| Donor Phenotyping | Manual entry of test result interpretations. |

|  |  |
| --- | --- |
| **Functionality** | **Description of Software Limitations** |
| Donor Labeling/Release | No system for quarantining of in-date units based on donor look-back procedures.No provision for determining the suitability for subsequent transfusion of units prepared from therapeutic phlebotomy.No system for ensuring application of biohazard labels to autologous units when appropriate. |
| Donor Records | No provision of an electronic system of records for donor medical history information.No provision of an electronic system of records for confidential self-exclusion.No provision of an electronic system of records of therapeutic phlebotomy requests.Partial provision of an electronic system of records for apheresis procedures.No automatic updating of deferral status.No system of blood component quality control records. No provision system of records for actual test results, (i.e., manual entry of test result interpretations for all required testing).No system for tracking disposal of discarded units. No provision for documentation of indication foremergency issue of incompletely tested units. |

### Intended Uses

|  |  |  |
| --- | --- | --- |
| **IU#** | **Functionality** | **Description of Intended Uses** |
| D1 | Donor-General | Provision of a unique cumulative donor record for each individual blood donor/patient based on data elements detailed above for the BLOOD DONOR file (#65.5). |
| D2 | Donor - General | Provision of a unique cumulative donation sub-recordfor each individual donation/deferral date. |
| D3 | Donor- General | Tracking of the donation type for each donation, i.e., homologous, autologous, therapeutic, or directed. |
| D4 | Donor - General | Record updates immediately upon data entry. |
| D5 | Donor - General | Tracking of the person performing various steps in the process, i.e., the person entering the data into the computer. |
| D6 | Donor - General | Accommodation of a bar code reader for entry of theunit ID. |
| D7 | Donor-General | Tracking of changes in verified data for specific data elements defined for the BLOOD DONOR file (#65.5) as detailed in Section IX under Functional Requirements |
| D8 | Donor-General | Maintenance of donor confidentiality by providing different levels of security access such that the type ofdata access can be defined by individual user. |
| D9 | Donor-General | Minimal potential for data entry errors based on control of the data type and the input format through the use of a highly structured data dictionary and input transforms. |
| D10 | Donor - General | Limited simultaneous access by multiple terminals/ users to the same donor record for purposes of dataentry in specified options. |
| D11 | Donor-Old Records | Entry of historical donor information if deemed appropriate and identification of the specific donation dates for which data was entered via that option. |
| D12 | Donor-Old Records | Check of the unit IDs during data entry of each unit ID, to determine if that unit ID is already in existence in the BLOOD INVENTORY file (#65) in order toidentify potential duplicates/inappropriate entries. |
| D13 | Donor-Old Records | Restricted access to donor through the ‘Old records’ option once the donor record has been created. |
| D14 | Donor-Registration, Screening and Collection | Check the existing entries in the BLOOD DONOR file (#65.5) during the registration of each blood donor, toidentify potential duplicate donors. |
| D15 | Donor - Registration, Screening and Collection | Evaluation of the donation intervals for allogeneic (homologous) blood donors. |
| D16 | Donor-Registration, Screening and Collection | Calculation of the age of donor based on his/her date of birth and subsequent evaluation of the age of the donor to see if outside defined limits, (i.e., <17 or >65 years ofage). |

|  |  |  |
| --- | --- | --- |
| **IU#** | **Functionality** | **Description of Intended Uses** |
| D17 | Donor-Registration, Screening and Collection | Site specific control to edit the donor history questions at the discretion of the facility in order to meet changes in regulatory and accrediting agency requirements.(Requires higher security level). |
| D18 | Donor-Registration, Screening and Collection | Site specific control to edit the donor consent in order to meet changes in regulatory and accrediting agency requirements. (Requires higher security level) |
| D19 | Donor - Registration, Screening and Collection | Donor specific donor history form which contains the donor demographics, date of last donation and site specific donor history questions and site specific donorconsents. |
| D20 | Donor - Registration, Screening and Collection | Identification of donors who have been placed in a ‘permanent deferral’ status and flagging of those donors when appropriate. |
| D21 | Donor - Registration, Screening and Collection | Provision of a report of permanently deferred donors for use at remote sites where the computer system is not accessible and/or preprinted donor history formsmay not be available for all potential donors. |
| D22 | Donor - Registration, Screening and Collection | Entry of collection data through routinely used options restricted if allogeneic (homologous) donor is permanently deferred. |
| D23 | Donor-Registration, Screening and Collection | Warning message; if an autologous donor or therapeutic phlebotomy patient who is permanentlydeferred is selected for data entry. |
| D24 | Donor - Registration, Screening and Collection | Entry of special comments for future reference so thatdonors who require special handling can be identified and appropriate procedures can be implemented. |
| D25 | Donor - Registration, Screening and Collection | Provision of link between autologous donor/patient in an effort to ensure that autologous units are made available for a patient before allogeneic (homologous) blood is selected. |
| D26 | Donor - Registration, Screeningand Collection | Identification of units collected in bags of a specific lotin case of potential recalls. |
| D27 | Donor - Registration, Screening and Collection | Calculation of collection volume based on the gross weight, the empty bag weight and the specific gravity of whole blood. |
| D28 | Donor-Registration, Screening and Collection | Evaluation of unit ID to prevent assignment of “duplicate” unit IDs based on a search of existingentries in the BLOOD DONOR file.(#65.5) |
| D29 | Donor-Registration, Screening and Collection | Free text special comments in the BLOOD DONOR COMMENTS field (#.01) for future reference |
| D30 | Donor-Registration, Screening and Collection | Tracking of whether the donor had a donor reaction, making information available through a variety of report and inquiry options. |
| D31 | Donor-Registration, Screening and Collection | Screen on entry of donation date/time to prevent entry of a future date. |
| D32 | Donor-Registration, Screening and Collection | Screen on the entry of the collection completion date/time to ensure it is not prior to the collection startdate/time. |

|  |  |  |
| --- | --- | --- |
| **IU#** | **Functionality** | **Description of Intended Uses** |
| D33 | Donor - Component Preparation | Tracking of all collection dispositions and tracks storage and disposition of all components prepared. |
| D34 | Donor - Component Preparation | Tracking of the person performing various steps in the process, i.e. the person entering data into the computer. |
| D35 | Donor-Component Preparation | Restricted access to the donor’s most recent donation, (i.e., user cannot specify a unit ID) which is from otherthan the most recent donation. |
| D36 | Donor - Component Preparation | Evaluation of the component preparation time to ensure that components are prepared within the maximum time allowable for that specific component. |
| D37 | Donor - ComponentPreparation | Evaluation of the number of components preparedversus type of collection bag. |
| D38 | Donor - Component Preparation | Exclusion of more than 1 RBC component for preparation from a donor unit. |
| D39 | Donor - Component Preparation | Exclusion of incompatible components based on the anticoagulant of the donor unit and that of componentsbeing prepared. |
| D40 | Donor - Component Preparation | Calculation of the date portion of the expiration date for each component based on the donation date and the specific component. |
| D41 | Donor-Component Preparation | Tracking of data on the date/time stored for each specific component of a specific unit ID. |
| D42 | Donor-Component Preparation | Evaluation of the elapsed time between the collection time and the date/time stored for the specific component to prevent entry of data for a component for which the maximum allowable component preparation time has been exceeded. |
| D43 | Donor-Processing/TTD Marker Testing | Expedited data entry for donor IDs by incrementing the unit IDs and displaying that number as the defaultIF the next logical unit ID exists. |
| D44 | Donor-Processing/TTD Marker Testing | Check of current ABO/Rh results for the specific donor unit against the donor’s historical record. |
| D45 | Donor-Processing/TTD Marker Testing | Comparison of the recheck information to original processing result interpretations if ABO/Rh unit rechecks are performed prior to the release of the unit to inventory, rather than after the unit is released to inventory and data is entered. **NOTE:** the originalABO/Rh are NOT displayed at the time of data entry. |
| D46 | Donor-Processing/TTD Marker Testing | Comparison of the user identification and the entry in the tech field for the original results to prevent the same tech from entering both original and recheck results for ABO/Rh. |
| D47 | Donor-Processing/TTD Marker Testing | Determination of whether ALT and HIV Ag testing is required, and specifically which of these fields should be accessible during data entry based on site specificparameters. |
| D48 | Donor-Processing/TTD Marker Testing | Entry of test result interpretations for each unit ID, for subsequent evaluation during labeling/release, i.e., no batch entry. |

|  |  |  |
| --- | --- | --- |
| **IU#** | **Functionality** | **Description of Intended Uses** |
| D49 | Donor-Processing/TTD Marker Testing | Generation of worklists for any of the tests. These lists include any incomplete testing, i.e., unit IDs for which there are no test results or which were added back to the worklist pending completion of repeat and/orconfirmatory testing. |
| D50 | Donor-Processing/TTD Marker Testing | Automatic generation of a bulletin detailing the test result sent to all holders of a specific security key. If the results of the transfusion transmitted disease marker testing are entered as anything other than “negative” or “non-reactive” for units that have already been released to inventory on an emergency basis,regardless of the donation type. |
| D51 | Donor-Processing/TTD Marker Testing | Restriction on the level of security access required to edit result interpretations after components have been released to inventory. |
| D52 | Donor-Processing/TTD Marker Testing | Reports of donor testing results to allow data review before the actual labeling of the donor units if sodesired. |
| D53 | Donor Phenotyping | Use of a standardized coding system, i.e. SNOMED, for identifying both RBC and HLA antigens and antibodies |
| D54 | Donor Phenotyping | Prevention of data entry which makes the sameantigen both ‘present’ and ‘absent’. |
| D55 | Donor-Labeling/Release | No release of “duplicate” unit IDs to inventory. |
| D56 | Donor-Labeling/Release | Release of units to inventory prohibited if no current ABO/Rh results exist. |
| D57 | Donor-Labeling/Release | Transfer of selected data from the BLOOD DONOR file (#65.5) to the BLOOD INVENTORY file (#65) asdetailed above. |
| D58 | Donor-Labeling/Release | Release of units to inventory prohibited if the check of the current ABO/Rh results for the specific donor unit against the donor’s historical record indicate a discrepancy and the ABO/RH recheck data is to be transferred to the BLOOD INVENTORY file (#65) when the unit is released. |
| D59 | Donor-Labeling/Release | Automatic generation of a bulletin detailing the test result sent to all holders of a specific security key. If the check of the current ABO/Rh results for the specific donor unit against the donor’s historical record indicate a discrepancy, but the ABO/RH recheck data is NOT to be transferred to the BLOOD INVENTORY file (#65) when the unit is released. |
| D60 | Donor-Labeling/Release | Detailed reports of donor’s historical ABO/RH, permanent deferral (if appropriate), test results and component information for review prior to labelingand/or for hard copy documentation. |
| D61 | Donor-Labeling/Release | Evaluation of TTD marker testing results such that release of homologous, directed donor and therapeutic phlebotomy units with positive disease marker testing results is prevented. |

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| --- | --- | --- |
| **IU#** | **Functionality** | **Description of Intended Uses** |
| D62 | Donor-Labeling/Release | Automatic quarantine of components if an attempt is made to label/release a unit for which the results indicate that the unit is not suitable for release toinventory, i.e. are positive or reactive. |
| D63 | Donor-Labeling/Release | Requirement for a higher level of security access to make changes in the status of a component previously placed in ‘quarantine’. |
| D64 | Donor-Labeling/Release | Verification of the accuracy of labeling of ABO/Rh via bar code reader by comparing the scanned ABO/RHlabel to the ABO/RH results for that unit ID. |
| D65 | Donor-Labeling/Release | Comparison of the identity of the user attempting to release the unit with the entry in the TECH LABELING field for that specific unit in order to prevent the same tech doing both labeling & verifying if labeling/release is done manually. |
| D66 | Donor-Labeling/Release | Assignment of a final disposition of RELEASE to each component in the BLOOD DONOR file (#65.5) and automatic creation of a new entry in the BLOODINVENTORY file (#65) with specific associated data elements for each component which is labeled/released. |
| D67 | Donor-Labeling/Release | Assignment of the division of the user who is labeling/ releasing the unit into inventory to the unit when the unit is assigned a final disposition in the BLOOD DONOR file (#65.5) and unit is entered into theBLOOD INVENTORY file (#65). |
| D68 | Donor-Labeling/Release | Tracking of both allogeneic (homologous) and autologous units which are released to inventory with incomplete transfusion transmitted disease marker testing such that those units are identified if subsequent attempts are made to modify the unit into another blood component or to ship the unit to another facility. |
| D69 | Donor-Labeling/Release | For autologous units released to inventory with positive/ incomplete testing, release of the unit for use by other patients or modification of the unit into othernon-autologous components is prevented. |
| D70 | Donor-Labeling/Release | Transfer of ABO/Rh confirmatory testing results to the BLOOD INVENTORY file (#65) if appropriate based on the site parameters. |
| D71 | Donor-Labeling/Release | Inclusion of the unit in the queue for the Inventory ABO/Rh worklist if the unit contains red cells and data for ABO/Rh confirmatory testing is not transferred tothe Inventory based on the site parameters. |
| D72 | Donor-Labeling/Release | For autologous and directed components, display of the name of the patient that the unit is ‘RESTRICTED FOR’ in an attempt to make sure that the unit is segregated appropriately. |
| D73 | Donor-Records | On-line storage of a unique cumulative donor historyfor look-back purposes. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| D74 | Donor-Records | Generation of a hard copy printout of the cumulative donor history prior to removal of the donors from the computer system for those donors who have notdonated since a specified date. |
| D75 | Donor-Records | Mechanism for merging data (donation sub-records) from two donor records in the event that a duplicate donor record was created in error. |
| D76 | Donor-Recruitment | Report of all donors who indicated a specific group affiliation to provide feedback to donor group chairpersons. Users can specify search criteria for the group affiliation and the range of donation/deferral dates to be included. Reports are sorted by group affiliation and include donor name, ABO/Rh, donation/deferral date, donation/deferral code, donorreaction code and deferral reason. |
| D77 | Donor-Recruitment | Entry of data regarding donation group and collection site such that activity reports can be generated to provide feedback to donor group chairpersons. Users can specify search criteria based on the specific report selected. Reports include donor group affiliation, donation group and or collection site in addition to donor name, ABO/Rh, donation/deferral date, donation/deferral code, donor reaction code anddeferral reason. |
| D78 | Donor-Recruitment | Entry of standardized letters that can be generated, based on their group affiliation information, and used for specific targeted donor recruitment efforts. |
| D79 | Donor-Recruitment | Entry of standardized letters, which can be generated, based on a search of all donors who lack a specific RBC antigen, and used for specific targeted donorrecruitment efforts. |
| D80 | Donor-Recruitment | Entry of standardized letters which can be generated based on a search of all donors who have not donated since a specified date to be used for specific targeted donor recruitment efforts. |
| D81 | Donor-Recruitment | Generation of post visit thank you letters for donors who attempted to donate based on the list of donorscreated when the donation/deferral data was entered through the Donor registration [LRBLDLG] option. |
| D82 | Donor-Recruitment | Generation of letters for various groupings of donors based on specified criteria and type of letter selected, inserting the donor name and address for the addressee for those donors identified in the search criteria. |
| D83 | Donor-Recruitment | Generation of labels including the donor name andaddress for various groupings of donors based on specified criteria. |
| D84 | Donor-Recruitment | Generation of a list of donors who have not donated since a specified date, including their name, date of last donation, group affiliation, home phone and work phone. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| D85 | Donor-Recruitment | Report of all donors who have indicated their willingness to be called on an emergency basis, including their name, ABO/Rh, home phone, work phone, last donation date and donation/deferral code from the last donation date. **NOTE:** Users can specify ABO/Rh and date range for donations to be included onreport. |
| D86 | Donor-Recruitment | Report of all donors who have indicated their willingness to be called on a regular basis for specified months and/or holidays, including their name,ABO/Rh, home phone, work phone, last donation date, and donation/deferral code from the last donation date. |
| D87 | Donor-Recruitment | Report of all donors who have indicated their willingness to be called to be apheresis donors or for which no data was entered regarded their apheresis interest, sorted by ABO/Rh, including their name, ABO/Rh, home phone, work phone, last donation date and donation/deferral code from the last donation date. |
| D88 | Donor-Recruitment | Calculation of cumulative donation totals based on user specific formula and previously entered donation data and provides reports to be used for donor awards. |
| D89 | Donor-Recruitment | Mechanism to enter the fact that a donor was given a gallon donor award and provides a report listing alldonors who have received gallon donor awards. |
| D90 | Donor-Recruitment | Report of all first time donors for a specified period based on the entry in the date registered/edited field, including collection site, donation group, donor name,work phone, donation/deferral date, donation/deferral type and the deferral reason. |
| D91 | Donor-Recruitment | Report of patient credits in order to provide feedback as the effectiveness of any recruitment efforts directed at the friends/relatives of patients, including the patient name, the donor name, and the donation/deferral date. |
| D92 | Donor-Management | Report of short draw collections, (i.e., those whose collection volume is less than 405 ml, for a specified date range for supervisory review, sorted by donation date, including unit ID, collection volume, donorreaction code, phlebotomist, donation/deferral date, and collection site). |
| D93 | Donor-Management | Report on donor temporary deferrals for a designated period, sorted by collection site and donation date. This can be used for supervisory review in order to identify trends or problems with donor deferrals, including the collection site, the deferral date, the donation group,the donor name, and the deferral reason. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| D94 | Donor-Management | Report of units that are quarantined/discarded prior to component preparation for supervisory review. This includes specified data fields, (i.e., donation date, unit ID, collection site, collection time started and completed, collection volume, donor reaction code, phlebotomist, collection disposition, and collectiondisposition comment). |
| D95 | Donor-Management | Report of the collection and component preparation information, sorted by donation date, for supervisory review, including specified data fields, i.e., unit ID, type of donation, type of bag, anticoagulant, duration of collection in minutes, processing time in minutes, collection disposition, processing tech, blood components prepared, volume of components in ml, andstorage time. |
| D96 | Donor-Management | Blood product rejection report for those units which are collected, have components prepared and have component dispositions of ‘discard’ or ‘quarantine’, sorted by donation/deferral date, including unit ID, collection time, collection volume, component preparation time, component preparation tech, component, date/time component stored, component net weight, component disposition and componentdisposition comment. |
| D97 | Donor-Management | Report of abnormal test results for a specified range of donor unit ID numbers to be used for supervisory review, including donation date, unit ID, donor internal file number and test(s) for which results were abnormal, i.e., did not meet the criteria for subsequent release for transfusion, and excluding the donor names for confidentiality purposes. |
| D98 | Donor -Statistics | Report of all donors who attempted to donate for a specified date range, sorted by donation group, including donor name, work phone, last attempt date, donation type, and cumulative donations. |
| D99 | Donor -Statistics | Report of scheduling information for specified date range for use in evaluating staffing needs, including donation/deferral date, arrival/appointment time, unit ID, donation/deferral code, donation type, and patientcredit. |
| D100 | Donor -Statistics | Capture of workload information and transfer of data to non-BB laboratory files for use in a variety of local and national reports, including the CAP Laboratory Management Index Program and DSS. |

# Inventory Functions

## BLOOD INVENTORY file (#65) Description of Data Elements

Field Name Help Prompt

Field# Description Data Type ( PM=Pattern Match)

* 1. UNIT ID FREE TEXT (PM=Any

alphanumeric, upper or lower case, punctuation allowed)

ANSWER MUST BE 2-12 CHARACTERS IN LENGTH

The unit identification on the blood product label.

* 1. SOURCE FREE TEXT (PM - see note)

Entry must be one of the following:

Collecting facility

NOTE: Although this is stored as free text, the input choices are restricted to entries in the SUPPLIER field for the specific component in the BLOOD PRODUCT file (#66).

* 1. INVOICE# FREE TEXT

ANSWER MUST BE 2-10 CHARACTERS IN LENGTH

Number on invoice accompanying unit.

* 1. COMPONENT POINTER TO BLOOD PRODUCT

Name of blood product file (#66)

* 1. DATE/TIME RECEIVED DATE/TIME (PM=Exact date(with

month and day) and time required and echo the answer; allows dates up to the current time)

Date/time component received. Allows current and past times but disallows future times.

* 1. EXPIRATION DATE/TIME DATE/TIME (PM=Exact date

Expiration date/time of unit. (with month and day) required,

time allowed and echo the answer)

* 1. ABO GROUP SET

‘A’ FOR A;

‘B’ FOR B;

‘O’ FOR O; ‘AB’ FOR AB; ‘NA’ FOR N/A;

ABO blood group of unit. If ABO group is not applicable to the unit or component (ex. a mixed pool of compatible ABO types) enter NA for N/A (not applicable).

* 1. RH TYPE SET

‘POS’ FOR POSITIVE; ‘NEG’ FOR NEGATIVE; ‘NA’ FOR N/A;

Rh type of unit. If RH TYPE not applicable to the unit or component enter NA for N/A (not applicable or necessary).

* 1. LOG-IN PERSON POINTER TO NEW PERSON file (#200)

Person entering unit in file.

* + 1. COST NUMERIC(PM=1 or more numeric; may have decimal followed by 2 numerics)

TYPE A NUMBER BETWEEN 0 AND 99999

Cost of unit

1. VOLUME (ml) NUMERIC(PM=1 or more

numerics)

TYPE A WHOLE NUMBER BETWEEN 0 AND 9999

Volume of unit or component

1. TYPING CHARGE NUMERIC(PM=1 or more numeric; may have decimal followed by 2 numerics)

TYPE A NUMBER BETWEEN 0 AND 999

Charge assigned by organization performing antigen typing.

1. SHIPPING INVOICE# FREE TEXT

Enter RETURN invoice # to SUPPLIER (2-10 characters)

Invoice (order) number identified with returned shipment to supplier.

1. RETURN CREDIT FREE TEXT

Entry must begin with a minus (-) then amount of credit (ex. -37.50) Credit given for returning unit to supplier or sending unit elsewhere

.16 DIVISION POINTER TO INSTITUTION FILE (#4)

The division where the unit resides. If the unit is being transferred to another division, enter the New division.

* + - 1. BAG LOT # FREE TEXT

Answer must be 1-15 characters in length.

You may enter the bag lot number if preparing a component from a unit in inventory.

.2 PATIENT XMATCHED/ASSIGNED (Subfile 65.01) FREE TEXT

Multiple

.01 PATIENT XMATCHED/ASSIGNED FREE TEXT (PM-see note)

On the right of NAME is the last characters of the patient’s SSN. Enter patient name, SSN, or first letter of last name and last 4 digits of SSN.

NOTE: The data is stored as free text; however, the input template for the data entry routine allows only entries selected from the PATIENT file (#2).

.012 PARENT FILE COMPUTED

File where demographic data is stored for patient crossmatched.

1. DATE/TIME UNIT ASSIGNED DATE (PM=Exact date (with

month and day) and time required and echo the answer; allows dates up to the current time)

Date/time unit is crossmatched for each patient. If unit is released from crossmatch for a specific patient the date/time is deleted.

1. LAST SPECIMEN DATE XMATCHED DATE/TIME (PM=Exact date

(with month and day) required, time allowed and echo the answer)

Date/time of specimen unit was last xmatched with.

NOTE: Data not entered. Triggered by the DATE/TIME CROSSMATCHED field of the BLOOD SAMPLE DATE/TIME subfield of the PATIENT XMATCHED/ASSIGNED subfield of the BLOOD INVENTORY file.

1 BLOOD SAMPLE DATE/TIME (Subfile 65.02)DATE Multiple

1. BLOOD SAMPLE DATE/TIME DATE (PM=Exact date (with

month and day) required, time allowed/ and echo the answer; allows dates up to the current time)

Date/time of blood sample used for pretransfusion testing.

1. TREATING SPECIALITY FREE TEXT(PM=Any

alphanumeric, upper or lower case, punctuation allowed - see note)

ANSWER MUST BE 3-30 CHARACTERS IN LENGTH

Not numeric or starting with punctuation Medical specialty treating patient.

NOTE: During routine data entry, this data is pulled from the information associated with the entry for the REQUESTING PHYSICIAN during the specimen log-in process and is then stored as free text. It is unrelated to the entry for the individual component request.

1. PHYSICIAN FREE TEXT (PM -see note) ANSWER MUST BE 3-30 CHARACTERS IN LENGTH

Patient’s physician

NOTE: During routine data entry, this data is pulled from the information associated with the entry for the REQUESTING PHYSICIAN during the specimen log-in process and is then stored as free text. It is unrelated to the entry for the individual component request.

1. XMATCH RESULT SET

‘C’ FOR COMPATIBLE;

‘I’ FOR INCOMPATIBLE, UNSAFE TO TRANSFUSE;

‘CD’ FOR COMPATIBLE, DON’T TRANSFUSE;

‘CF’ FOR COMPATIBLE, FURTHER STUDY NEEDED;

‘IG’ FOR INCOMPATIBLE, GIVE WITH BB DIRECTOR APPROVAL

Interpretation of major crossmatch.

1. XMATCH TECH POINTER TO NEW PERSON FILE (#200)

Person performing crossmatch

1. PATIENT SAMPLE ACC # FREE TEXT ANSWER MUST BE 1-12 CHARACTERS IN LENGTH

Blood bank accession number for patient sample.

1. TREATING SPECIALTY NUMBER POINTER TO FACILITY TREATING

SPECIALTY FILE (#45.7)

Internal entry # in treating specialty file.

1. PROVIDER NUMBER POINTER TO NEW PERSON FILE(#200)

Internal entry # in the NEW PERSON file

If the physician is an entry in the NEW PERSON file the printer number is stored here.

1. DATE/TIME CROSSMATCHED DATE (PM=Exact date (with

month and day) and time required and echo the answer)

The date/time of the blood sample crossmatch

.1 RELEASE REASON FREE TEXT ANSWER MUST BE 2-40 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS File (#62.5) which have BB RELEASE as the screen.

1. MAJOR XMATCH METHOD (Subfile 65.0911)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| .01 | MAJOR XMATCH METHOD | Field | Not | in | Use |
| .02 | TECHNIQUE | Field | Not | in | Use |
| .03 | INTERPRETATION | Field | Not | in | Use |
| .04 | IS | Field | Not | in | Use |
| .05 | 37 C | Field | Not | in | Use |
| .06 | AHG | Field | Not | in | Use |
| .07 | CONTROL CELL | Field | Not | in | Use |
| .08 | ROOM TEMP | Field | Not | in | Use |
| .09 | 12-18 C | Field | Not | in | Use |
| .1 | 4 C | Field | Not | in | Use |

1. MINOR XMATCH METHOD (Subfile 65.0912)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Field | Not | in | Use |
| .01 | MINOR XMATCH METHOD | Field | Not | in | Use |
| .02 | TECHNIQUE | Field | Not | in | Use |
| .03 | INTERPRETATION | Field | Not | in | Use |
| .04 | IS | Field | Not | in | Use |
| .05 | 37 C | Field | Not | in | Use |
| .06 | AHG | Field | Not | in | Use |
| .07 | CONTROL CELL | Field | Not | in | Use |
| .08 | ROOM TEMP | Field | Not | in | Use |
| .09 | 12-18 C | Field | Not | in | Use |
| .1 | 4 C | Field | Not | in | Use |

1. CROSSMATCH COMMENT (Subfile 65.0913) Multiple

These are comments relating to the crossmatch of the specific donor unit.

NOTE: These comments become part of the permanent transfusion record of the patient if the unit is subsequently transfused to the patient.

.01 CROSSMATCH COMMENT FREE TEXT ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TESTING as the screen.

3 DATE/TIME UNIT RELOCATION (Subfile 65.03) DATE/TIME Multiple

These are dates/times the unit is relocated from one location to another.

EXAMPLE: From blood bank to surgery or from surgery to blood bank.

1. DATE/TIME UNIT RELOCATION DATE (PM=Exact date

(with month and day) required, time allowed/ and echo the answer; allows dates up to the current time)

Date/time the unit is relocated from one location to another, ex. from blood bank to surgery or from surgery to blood bank.

This is a multiple entry field but only asked once

1. INSPECTION SET

‘S’ FOR SATISFACTORY; ‘U’ FOR UNSATISFACTORY;

Interpretation of unit inspection for color and appearance immediately before issue/relocation.

1. TECH INSPECTING POINTER TO NEW PERSON FILE(#200)

Person inspecting unit

1. LOCATION FREE TEXT(PM=Any alphanumeric, upper or lower case, punctuation allowed)

Entry must be 2-30 characters

Location to which unit of blood is being relocated.

1. ISSUED TO/REC’D FROM FREE TEXT ANSWER MUST BE 2-30 CHARACTERS IN LENGTH

Person taking unit from or returning unit to the blood bank.

1. FOR PATIENT FREE TEXT

ANSWER MUST BE 2-30 CHARACTERS IN LENGTH

The patient the unit of blood is being relocated for.

1. VA PATIENT NUMBER POINTER TO PATIENT FILE (#2)

Internal entry # in the patient (#2) file

If the patient is an entry in the PATIENT file (#2) the pointer number

* 1. DISPOSITION SET

‘R’ FOR RETURN TO SUPPLIER; ‘T’ FOR TRANSFUSE;

‘D’ FOR DISCARD;

‘S’ FOR SEND ELSEWHERE; ‘M’ FOR MICROBIOLOGY/

RESEARCH; ‘MO’ FOR MODIFY; ‘SA’ FOR SALVAGED

Final disposition of the unit

* 1. DISPOSITION DATE DATE/TIME (PM=Exact date (with month and day) required, time allowed/ and echo the answer; allows dates up to the current time)

Enter only past or present Date/time Date of final disposition

* 1. DISPOSITION ENTERING PERSON POINTER TO NEW PERSON FILE(#200) Person entering final disposition
	2. POOLED/DIVIDED UNITS FREE TEXT (PM=1 or more numeric)

Enter number of units in pool enclosed in parentheses; ex. (5).

Number of units in pool OR number of aliquots into which a unit of blood/blood component has been divided

* 1. SHIP TO FREE TEXT

MUST BE 2-68 CHARACTERS IN LENGTH, CAN USE LAB DESCRIPTION FILE ENTRIES WITH BB DISP SCREEN.

If unit is returned to sender or shipped elsewhere enter name/location of facility where sent.

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB DISP as the screen.

5 DISPOSITION COMMENT (Subfile 65.06) Multiple

These are final disposition comments.

.01 DISPOSITION COMMENT FREE TEXT

ANSWER MUST BE 1-80 CHARACTERS IN LENGTH, CAN USE LAB DESCRIPTION FILE ENTRIES WITH BB DISP SCREEN

Final disposition comments.

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB DISP as the screen.

6.1 PATIENT TRANSFUSED FREE TEXT (see note) Enter patient name

Name of patient transfused

NOTE: The data is stored as free text; however, the input template for the data entry routine allows only entries selected from the PATIENT file (#2).

6.12 PARENT FILE COMPUTED

This is the file whose demographic data is stored for the patient transfused.

* 1. TRANSFUSED PATIENT ABO COMPUTED This is the transfused patient’s ABO.
	2. TRANSFUSED PATIENT RH COMPUTED This is the transfused patient’s Rh type.
	3. PHYSICIAN FREE TEXT

ANSWER MUST BE 2-30 CHARACTERS IN LENGTH

Physician of patient transfused

NOTE: The data is stored as free text; however, the data is generally pulled from the current entry in the PATIENT File (#2), field .104 and is displayed as the default. If no data exists, the user is required to enter data.

* 1. TREATING SPECIALTY FREE TEXT(PM=Any alphanumeric, upper or lower case, punctuation allowed; may not be all numeric or start with punctuation)

ANSWER MUST BE 3-30 CHARACTERS IN LENGTH

Treating specialty to which the patient is assigned at the time the unit was transfused.

NOTE: The data is stored as free text; however, the data is generally pulled from the current entry in the PATIENT file (#2), field .(#1043) and is displayed as the default. If no data exists the user is required to enter data.

* 1. TRANSFUSION RECORD NUMBER NUMERIC(PM=contains 6 or more numerics)

TYPE A NUMBER BETWEEN 1 AND 9999999

Internal number in subfile 63.085 TRANSFUSION RECORD

NOTE: This field is not editable. It is created by software.

* 1. TRANSFUSION REACTION SET

‘1’ FOR YES;

‘0’ FOR NO;

If patient had a transfusion reaction enter ‘Y’

Answer ‘YES’ if the patient experienced an adverse reaction as a result of transfusion of designated blood/blood component

* 1. PROVIDER NUMBER POINTER TO NEW PERSON FILE (#200)

If the physician is an entry in the New Person file the pointer number is stored here.

* 1. TREATING SPECIALTY NUMBER POINTER TO FACILITY TREATING SPECIALTY FILE (#45.7)

Internal entry # in treating specialty file

If the treating specialty is an entry in the treating specialty file, the pointer number is stored here.

* 1. TRANSFUSION REACTION TYPE POINTER TO BLOOD BANK UTILITY FILE (#65.4)

Indicates the type of transfusion reaction Selects transfusion reaction type

NOTE: Choices are limited to those with the SCREEN = TRANSFUSION REACTION

1. TRANSFUSION COMMENT (Subfile 65.07) Multiple

These are comments regarding the transfusion or specific unit, including whether only a part of the unit was transfused and the reason(s).

.01 TRANSFUSION COMMENT FREE TEXT

Comments regarding the transfusion of the specific unit, including whether only a part of the unit was transfused and the reason(s).

ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TRANS as the screen.

1. RESTRICTED FOR FREE TEXT

The patient indicated here is the only one who may be transfused with this unit.

NOTE: The data is stored as free text; however, the input template for the data entry routine allows only entries selected from the PATIENT file (#2).

* 1. POS/INCOMPLETE SCREENING TESTS SET

‘1’ FOR YES;

‘0’ FOR NO;

If autologous donor has a positive syphilis serology, HBsAg, or HIV antibody test YES is entered. This flag is intended to warn NOT to transfuse this unit to anyone other than the DONOR!

8.3 DONATION TYPE SET

‘A’ FOR AUTOLOGOUS; ‘D’ FOR DIRECTED;

This field indicates which type of donation will be used to log this unit.

1. MODIFIED TO/FROM (Subfile 65.091) POINTER TO BLOOD PRODUCT Multiple FILE (#66)

TYPE A NUMBER BETWEEN 0 AND 99999

If unit is modified identifies what products are made and what are the new unit ID’s. If unit is a pool identifies what product was pooled and what units are in the pool.

.001 NUMBER NUMBER(PM=1 or more numerics) TYPE A WHOLE NUMBER BETWEEN 1 AND 20.

A number from 1 to 20.

1. MODIFIED TO/FROM POINTER TO BLOOD PRODUCT FILE (#66)

If unit is modified, identifies what products are made and what are the new units by ID#. If unit is a pool, identifies what product was pooled and what units are in the pool.

Products allowed to be made from inventory.

NOTE: Selections are limited based on the file setup in the BLOOD PRODUCT file (#66) in the MODIFIED TO/FROM field. For the specific component being modified.

1. UNIT ID FREE TEXT

ANSWER MUST BE 2-12 CHARACTERS IN LENGTH

If the unit is to be modified, the unit ID of the new unit is entered here. If the unit is a modified unit, the old unit ID’s are entered.

1. FROM/TO SET

‘1’ FOR FROM;

‘2’ FOR TO;

If entry is from another unit, ‘1’ is entered.

If entry is to become or be part of another unit, a ‘2’ is entered. Several of the entries may have been entered to form a pool and each entry will have a ‘1’ entered. Then the pool may be modified to another unit and then the entry will have a ‘2’ entered.

NOTE: This data is routinely entered automatically by the software.

1. ABO INTERPRETATION SET

‘A’ FOR A;

‘B’ FOR B;

‘O’ FOR O; ‘AB’ FOR AB;

‘ND’ FOR NOT DONE;

Interpretation of ABO testing

* 1. TECH ENTERING-ABO INTERP POINTER TO NEW PERSON FILE(#200) Person performing ABO testing
	2. ABO TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

Comment related to ABO testing

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TESTING as the screen.

* 1. ABO MOVED FROM DONOR FILE SET

‘1’ FOR YES;

1. RH INTERPRETATION SET

Interpretation of Rh testing ‘NEG’ FOR NEGATIVE; ‘POS’ FOR POSITIVE; ‘ND’ FOR NOT DONE;

* 1. TECH ENTERING-RH INTERP POINTER TO NEW PERSON FILE(#200) Person performing Rh testing
	2. RH TESTING COMMENT FREE TEXT ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

Comment related to Rh testing

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TESTING as the screen.

* 1. RH MOVED FROM DONOR FILE SET

1’ FOR YES;

1. DATE RE-ENTERED (Subfile 65.15) Multiple

Re-entry date of the unit in the file

NOTE: Data for this multiple is entered automatically by the software. It is not editable.

* 1. DATE RE-ENTERED DATE/TIME (PM=Exact date

(with month and day) required, time allowed and echo the answer)

Re-entry date of the unit in the file elsewhere enter the date re- entering the unit in the INVENTORY file.

* 1. PREVIOUS DISPOSITION SET

The previous disposition ‘R’ FOR RETURNED TO SUPPLIER;

‘S’ FOR SENT ELSEWHERE;

* 1. PREVIOUS DISPOSITION DATE DATE (PM=Exact date (with

month and day) required, time allowed and echo the answer)

The date of the previous disposition.

* 1. PREVIOUS DISP ENTERING PERSON POINTER TO NEW PERSON FILE(#200)

The name of the person entering the previous disposition

* 1. PREVIOUS SHIPPING INVOICE FREE TEXT ANSWER MUST BE 2-10 CHARACTERS IN LENGTH

The previous shipping invoice.

* 1. PREVIOUS RECEIVING INVOICE FREE TEXT ANSWER MUST BE 2-10 CHARACTERS IN LENGTH

The previous receiving invoice.

* 1. PREVIOUS LOG-IN PERSON POINTER TO NEW PERSON FILE(#200)

The name of the previous log-in person.

* 1. PREVIOUS DATE LOGGED-IN DATE (PM=Exact date (with

Date of the previous log-in.month and day) required, time allowed and echo the answer)

* 1. PREVIOUS SHIP TO FREE TEXT ANSWER MUST BE 2-68 CHARACTERS IN LENGTH

The name of the previous ship.

1. PEDIATRIC ALIQUOT MADE (Subfile 65.16)
2. PEDIATRIC ALIQUOT MADE Field Not in Use
3. VOLUME (ml) Field Not in Use

60 RBC ANTIGEN PRESENT (Subfile 65.04) POINTER Multiple

1. RBC ANTIGEN PRESENT POINTER TO FUNCTION FIELD FILE (#61.3)

RBC Antigen tested Enter ANTIGEN

Antigen(s) present on red blood cells of the unit (if applicable) NOTE: Choices are restricted to those for which the SCREEN = AN

1. RBC ANTIGEN PRESENT COMMENT Field Not in Use

70 RBC ANTIGEN ABSENT (Subfile 65.05) Multiple

1. RBC ANTIGEN ABSENT POINTER TO FUNCTION FIELD FILE (#61.3)

Antigen(s) absent on red blood cells of the unit (if applicable) NOTE: Choices are restricted to those for which the SCREEN = AN

1. RBC ANTIGEN ABSENT COMMENT Field Not in Use

80 HLA ANTIGEN PRESENT (Subfile 65.08) POINTER Multiple

SELECTS HLA ANTIGEN

.01 HLA ANTIGEN PRESENT POINTER TO FUNCTION FIELD FILE (#61.3)

HLA antigen(s) present on the appropriate cells Selects HLA antigens

|  |  |  |
| --- | --- | --- |
|  |  | NOTE: Choices are restricted to those for which the SCREEN = HL |
| .02 | HLA ANTIGEN PRESENT COMMENT Field Not in Use |
| 90 | HLA | ANTIGEN ABSENT (Subfile 65.09) POINTERMultiple |
|  | .01 | HLA ANTIGEN ABSENT POINTER TO FUNCTION FIELD FILE (#61.3)HLA antigen(s) absent on the appropriate cells |
|  |  | NOTE: Choices are restricted to those for which the SCREEN = HL |
|  | .02 | HLA ANTIGEN ABSENT COMMENT Field Not in Use |

91 CMV ANTIBODY SET

‘0’ FOR NEG;

‘1’ FOR POS;

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 121 | DONOR | CELLS+ANTI D(slide rgt) | Field | Not | in | Use |
| 122 | DONOR | CELLS+RH CTRL(slide rgt) | Field | Not | in | Use |
| 123 | DONOR | CELLS+ANTI D (37) | Field | Not | in | Use |
| 124 | DONOR | CELLS+RH CTRL (37) | Field | Not | in | Use |
| 125 | DONOR | CELLS+ANTI D (AHG) | Field | Not | in | Use |
| 126 | DONOR | CELLS+RH CTRL (AHG) | Field | Not | in | Use |
| 127 | DONOR | CELLS+ANTI D (AHG) CC | Field | Not | in | Use |
| 128 | DONOR | CELLS+RH CTRL CC | Field | Not | in | Use |
| 141 | DONOR | CELLS+ANTI A(slide) | Field | Not | in | Use |
| 142 | DONOR | CELLS+ANTI B(slide) | Field | Not | in | Use |
| 143 | DONOR | CELLS+ANTI A,B(slide) | Field | Not | in | Use |
| 144 | DONOR | PLASMA+A1 CELLS | Field | Not | in | Use |
| 145 | DONOR | PLASMA+B CELLS | Field | Not | in | Use |

200 DIRECT AHG(BS) Field Not in Use

500 TEST/PROCEDURE (Subfile 65.3) POINTER Multiple

This field contains the test performed on this unit.

.01 TEST/PROCEDURE POINTER TO LABORATORY TEST FILE (#60)

This field contains the test performed on this unit. Used to keep track of TEST/PROCEDURES for WKLD workload. Selects only blood bank subscripted tests.

1 COMPLETE DATE/TIME (Subfile 65.31) DATE Multiple

The completion date/time of the test/procedure.

1. COMPLETE DATE/TIME DATE(PM=Exact date

WKLD workload flag (with month and day) and time

required and echo the answer; allows dates up to the current time)

1. TECH POINTER TO NEW PERSON FILE(#200)

The name of the technician completing the test/procedure.

1. INSTITUTION POINTER TO INSTITUTION FILE (#4)

The name of the institution from the Institution file.

1. MAJOR SECTION POINTER TO ACCESSION FILE (#68)

The name of the major section from the Accession file.

1. SUBSECTION POINTER TO ACCESSION FILE (#68)

The name of the subsection from the Accession file

1 WKLD CODE (Subfile 65.311) POINTER Multiple

The name of the workload code from the WKLD code file

1. WKLD CODE POINTER TO WKLD CODE FILE (#64)
2. WKLD CODE COUNT NUMBER

Type a Number between 0 and 999, 0 Decimal Digits. The count of the workload code entry.

1. WKLD CODE COUNTED SET

‘1’ FOR YES;

‘0’ FOR NO;

A set of code of yes or no, whether the workload was counted.

999 DATA CHANGE DATE (Subfile 65.099) DATE

Multiple Date the report value was changed

1. DATA CHANGE DATE DATE/TIME (PM=Exact date

(with month and day) required, time allowed and echo the answer)

This field contains the date the reported value was changed

1. PERSON CHANGING DATA FREE TEXT ANSWER MUST BE 2-30 CHARACTERS IN LENGTH

This field contains the person that alter the reported value

1. DATA ELEMENT FREE TEXT ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

This field indicated what result name the data was altered.

1. OLD VALUE FREE TEXT

ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

This field contains the value before it was altered.

1. NEW VALUE FREE TEXT

ANSWER MUST BE 1-30 CHARACTERS IN LENGTH

This field contains the value after it was altered.

## BLOOD INVENTORY file (#65) Data Copied from Original Unit

##### The BLOOD INVEVTORY file (#65) data are copied from Original Unit and entered in the BLOOD INVENTORY file (#65) for New Unit upon Unit Modification.

|  |  |  |  |
| --- | --- | --- | --- |
| File 65Field# | Field Name |  | DataCopied/Entered |
| .02 | SOURCE |  | Assigns Self |
| .03 | INVOICE # |  | Assigns 00 |
| .07 | ABO GROUP |  | Exact |
| .08 | RH TYPE |  | Exact |
| .1 | COST |  | Exact |
| .16 | DIVISION |  | Exact |
| 2 | PATIENT XMATCHED/ASSIGNED (Subfile | 65.01) | NA |
| .01 | PATIENT XMATCHED/ASSIGNED | \*Exact if unit is assigned |
| .012 | PARENT FILE | NA- Computed field |
| .02 | DATE/TIME UNIT ASSIGNED | \*Exact if unit is assigned |
| .03 | LAST SPECIMEN DATE XMATCHED | \*Exact if unit is assigned |

1 BLOOD SAMPLE DATE/TIME (Subfile 65.02)NA

1. BLOOD SAMPLE DATE/TIME \*Exact if unit is

assigned

1. TREATING SPECIALITY \*Exact if unit is assigned
2. PHYSICIAN\* Exact if unit is assigned
3. XMATCH RESULT\* Exact if unit is assigned
4. XMATCH TECH \*Exact if unit is assigned
5. PATIENT SAMPLE ACC # \*Exact if unit is

assigned

1. TREATING SPECIALTY NUMBER \*Exact if unit is

assigned

1. PROVIDER NUMBER \*Exact if unit is assigned
2. DATE/TIME CROSSMATCHED \*Exact if unit is

assigned

|  |  |  |  |
| --- | --- | --- | --- |
| File 65Field# | Field Name | DataCopied/Entered |  |
| 3 | CROSSMATCH COMMENT (Subfile 65.0913) | NA |  |
|  | .01 CROSSMATCH COMMENT | \*Exact if unit assigned | is |
| 8 | RESTRICTED FOR | Exact |  |
| 8.1 | POS/INCOMPLETE SCREENING TESTS | Exact |  |
| 8.3 | DONATION TYPE | Exact |  |
| 60 | RBC ANTIGEN PRESENT (Subfile 65.04) | NA |  |
|  | .01 RBC ANTIGEN PRESENT | Exact |  |
| 70 | RBC ANTIGEN ABSENT (Subfile 65.05) | NA |  |
|  | .01 RBC ANTIGEN ABSENT | Exact |  |
| 80 | HLA ANTIGEN PRESENT (Subfile 65.08) | NA |  |
|  | .01 HLA ANTIGEN PRESENT | Exact |  |
| 90 | HLA ANTIGEN ABSENT (Subfile 65.09) | NA |  |
|  | .01 HLA ANTIGEN ABSENT | Exact |  |
| 91 | CMV ANTIBODY | Exact |  |

#### \*Exact if unit is “assigned” at the time the unit is modified and data exists for the original unit.

### Software Limitations

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| --- | --- |
| **Functionality** | **Description of Software Limitations** |
| Inventory- Receipt, Shipment and Discard of Units | No automatic quarantining of in-date units based on donor look back procedures.No provision for documenting approval of autologous products repeatedly reactive for HIV-1 Antigen.No provision for tracking specific method of disposal of discarded units.No provision for documenting receipt and storage of human tissue (other than blood and blood components) and derivatives. |
| Inventory- Confirmation testing of units | No provision for test result interpretation based on actual testing results, (e.g. evaluation of reactions of antisera).Manual entry of ABO/Rh confirmation testing interpretations (rechecks). |
| Inventory- Modification of units | No system of blood component quality control records. No provision for evaluation of ABO compatibility of units being modified into a pooled product.No system for recording of lot #s of filters used in the preparation of leukocyte reduced blood products and/or solutions used in the preparation of washed, frozen, deglycerolized and rejuvenated red blood cells.Partial system for evaluating mutually exclusive components. |
| Inventory - Issue/relocation of units for transfusion | Manual entry of test result interpretations for all required testing.Manual entry of ABO/Rh confirmation testing.No provision for generating the electronic equivalent of the Blood Component Requisition (SF518).Manual entry of pretransfusion compatibility testing interpretations.No provision of a separate methodology for emergency release of units.No provision for evaluation of time elapsed criteria for return/reissue of units.No electronic record created for relocation from the Blood Bank which is not completed because unit inspection is found to be unsatisfactory.No provision for documenting medical director approval for transfusion of units after the expiration date/time.No provision for documenting storage and issue of human tissue. |

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| **Functionality** | **Description of Software Limitations** |
| Inventory - Phenotyping of units | Manual entry of test result interpretations. |
| Inventory- Release of units to stock/available inventory | No provision of an electronic donation record for those autologous units drawn on-site.No automatic provision for the release of units to stock after a specific time. |
| Inventory - Records | No system of blood component quality control records. No provision of system of records for actual test results, i.e. manual entry of test results interpretations for all required testing.No provision of indication for emergency issue of uncrossmatched blood.No provision for documenting approval for issue of components which are not ABO/Rh compatible.No provision for documenting approval for issue of components which have expired. |

### Intended Uses

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I1 | Inventory - General | Provision of a unique cumulative unit history record for each individual blood component based on the data elements detailed above for the BLOOD INVENTORY file (#65). |
| I2 |  | Maintenance of patient record confidentiality for test results/transfusion histories by providing different levels of security access such that the type of dataaccess can be defined by individual user. |
| I3 | Inventory - General | Site specific control to set up the entries in the BLOOD PRODUCT file (#66) for component specific requirements and algorithms to reflect the facility operating procedures. See Section IX for a listing of the data elements and the descriptions of their use. |
| I4 | Inventory - General | Record updates immediately upon data entry. |
| I5 | Inventory - General | Limited simultaneous access by multiple terminals/ users to the same unit record for purposes of data entry in specified options. |
| I6 | Inventory - General | Accommodation of the use of a bar code reader forentry of the unit ID |
| I7 | Inventory - General | Accommodation of the use of a bar code reader for entry of the component (blood product code) |
| I8 | Inventory - General | Accommodation of the use of a bar code reader for entry of the expiration date |
| I9 | Inventory - General | Limited access to only units assigned to the same division as the user, based on a comparison of the division assigned to the unit and the division currently assigned to the user. |
| I10 | Inventory - General | Tracking of the person entering test results and/orperforming various steps in the process, (i.e., the person entering the computer). |
| I11 | Inventory - General | Tracking of changes in verified data for specific data elements defined for the BLOOD INVENTORY file (#65)- see Section IX for listing by data element |
| I12 | Inventory - General | Tracking of verified data entered for specific data elements defined for the BLOOD INVENTORY file (#65) and LAB DATA file (#63) when data is entered/edited via the supervisory edit optionsrequiring a higher level of security. |
| I13 | Inventory-Receipt, Shipment and Discard of Units | Entry of an exact date and time for the date/time received. |
| I14 | Inventory-Receipt, Shipment and Discard of Units | Check of the existing entries in BLOOD INVENTORY file (#65) during the entry of a unit ID to prevent entryof a duplicate unit ID of the same component. |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I15 | Inventory-Receipt, Shipment and Discard of Units | Ability to designate the appropriate DONATION TYPE of the unit for autologous and directed donor units being entered. Component selected has an “A” or “D” in the AUTOLOGOUS/DIRECTED field (#.25) inthe BLOOD PRODUCT file (#66). |
| I16 | Inventory-Receipt, Shipment and Discard of Units | For autologous and directed donor units being entered, required entry of a patient name in the RESTRICTED FOR field (#8) of the BLOOD PRODUCT file (#66).Component selected has an “A” or “D” in the AUTOLOGOUS/DIRECTED field (#.25) in the BLOOD PRODUCT file (#66). |
| I17 | Inventory-Receipt, Shipment and Discard of Units | For autologous and directed donor units being entered, ability to enter data in the POS/INCOMP. SCREENING TESTS field (#8.1) if appropriate based on the results of the required TTD marker testing. (Component selected has an “A” or “D” in the AUTOLOGOUS/DIRECTED field (#.25) in the BLOOD PRODUCT file (#66)). |
| I18 | Inventory-Receipt, Shipment and Discard of Units | Limited ability to re-enter units into inventory, i.e., only units which can be re-entered are those with dispositions of ‘S’ (sent elsewhere) or ‘R’ (returned tosupplier). |
| I19 | Inventory-Receipt, Shipment and Discard of Units | For units that are re-entered, transfer of the original log-in and disposition data to appropriately designated fields to allow tracking of the original data Subfile (#65.15). |
| I20 | Inventory-Receipt, Shipmentand Discard of Units | Ability to enter a time in the Expiration Date field(#.06). |
| I21 | Inventory-Receipt, Shipment and Discard of Units | Identification of potentially biohazardous units based on a notation on the shipping invoice for units which were released from the donor module with incomplete results, i.e., unit has a “YES” in the POS/INCOMP. SCREENING TESTS field (#8.1), in an effort to ensure appropriate handling. |
| I22 | Inventory - Receipt, Shipment and Discard of Units | Site specific control of the text that appears on the shipping invoice. (SHIPPING INVOICE entry in theLAB LETTER file (#65.9). |
| I23 | Inventory-Receipt, Shipment and Discard of Units | Inclusion of information on the shipping invoice to allow recording of information on shipping temperatures based on the wording entered in for in the LAB LETTER file (#65.9) for SHIPPING INVOICE. |
| I24 | Inventory-Receipt, Shipmentand Discard of Units | Restricted selection of blood components to those inBLOOD PRODUCT file (#66)with suppliers, etc. |
| I25 | Inventory-Receipt, Shipment and Discard of Units | Evaluation of the validity of the expiration date based on the entry in the MAXIMUM STORAGE DAYS field for that blood component in the BLOOD PRODUCT file(#66). |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I26 | Inventory-Receipt, Shipment and Discard of Units | When editing data on a pooled product, restricted access to those units for which the component is defined as a pooled product based on the entry in the Pooled Product field (#.27) in the BLOOD PRODUCT file (#66) (i.e., requires a higher level of securityaccess). |
| I27 | Inventory-Receipt, Shipment and Discard of Units | Use of an average volume for the component for the unit volume, based on the entry in the Volume field (#.1) in the BLOOD PRODUCT file (#66) for that specific blood component. |
| I28 | Inventory-Receipt, Shipment and Discard of Units | Use of the entry in the COST field (#.02) for the specific SUPPLIER for the specific component in the BLOOD PRODUCT file (#66) to record of the cost of the unit. |
| I29 | Inventory-Receipt, Shipment and Discard of Units | Adjustment in the cost of units which are “RETURNED TO SUPPLIER” by entering data into the RETURN CREDIT field (#.14) for the unit. |
| I30 | Inventory-Receipt, Shipment and Discard of Units | Transfer of a unit to a different DIVISION within a multidivisional facility, providing the numeric portion of the parent institution in the INSTITUTION file (#4) for the new DIVISION matches that of the existingentry in the DIVISION field (#.16). |
| I31 | Inventory-Receipt, Shipment and Discard of Units | No entry of future disposition dates. |
| I32 | Inventory - General | Site specific control of standardized canned comments which are accessible during the data entry of disposition information for units with a DISPOSITION ‘TRANSFUSE’ or ‘MODIFY’ (entries in the LABORATORY DESCRIPTIONS file (#62.5) for whichthe SCREEN = BB DISP). |
| I33 | Inventory-Receipt, Shipment and Discard of Units | Ability to edit verified information relating to the receipt (log-in) for a specific unit ID.(Requires a higher level of security access) |
| I34 | Inventory-Receipt, Shipment and Discard of Units | Ability to edit verified information relating to the disposition of a specific unit ID.(Requires a higher level of security access) |
| I35 | Inventory-Receipt, Shipment and Discard of Units | Ability to edit verified information relating to the contents of a pooled product for a specific unit ID. (Requires a higher level of security access) |
| I36 | Inventory - Confirmation testing of units | For units received from an outside facility or created through modification of other units, creation of a queue which includes units on the Inventory ABO/Rh testing worklist report if the blood component has a “yes” in the CONTAINS RED CELLS field (#.19) in theBLOOD PRODUCT file (#66). |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I37 | Inventory - Confirmation testing of units | Comparison of the confirmatory (recheck) test results to the unit log-in information and display of a warningmessage if results do not agree. |
| I38 | Inventory - Confirmation testing of units | Limited access to those units assigned to the same division as the user if data entry is done by unit (not if done by batch). |
| I39 | Inventory - Confirmationtesting of units | Testing worksheet which includes unit #s of units to betested for use in manually recording actual test results. |
| I40 | Inventory - Confirmation testing of units | Site specific control of the text which appears on the Inventory ABO/Rh testing worksheet generated by the option [LRBLIW]. (INVENTORY WORKSHEET entryin the LAB LETTER file (#65.9)). |
| I41 | Inventory - Confirmation testing of units | Site specific control of standardized canned comments which are accessible during the data entry of confirmatory testing (rechecks) on units (entries in the LAB DESCRIPTIONS file (#62.5) for which the SCREEN = BB TESTING). |
| I42 | Inventory - Modification of Units | Creation of a new entry in the INVENTORY file (#65) for each new blood component created and assignment of a final disposition to the original unit being modified. |
| I43 | Inventory - Modification of Units | Attachment of appropriate pieces of data to the new unit created when a unit is modified - see Section V for a listing by data element |
| I44 | Inventory - Modification of Units | Determination as to whether the ABO/Rh confirmatory testing information should be attached to the new unit created based on the entry in the RETYPE AFTERPREPARATION field for the component in the BLOOD PRODUCT file (#66). |
| I45 | Inventory - Modification of Units | Placement of unit in queue for inclusion on the Inventory ABO/Rh testing worklist if the component created has a “YES” in the RETYPE AFTER PREPARATION field in the BLOOD PRODUCT file(#66). |
| I46 | Inventory - Modification of Units | Assignment of the ABO of a pool based on the ABO of the first unit in the pool. |
| I47 | Inventory - Modification of Units | Assignment of the Rh of a pool such that regardless of the order in which the units are pooled, the pool will be deemed Rh positive if any of the units in the pool wereRh positive. |
| I48 | Inventory - Modification of Units | If a product is divided, calculation of the number of aliquots into which the unit is divided and entry of the data in the POOLED/DIVIDED UNITS field (#4.4) forthe original unit. |
| I49 | Inventory - Modification of Units | Exclusion of ability to modify an autologous component to a non autologous component if an entry exists in the POS/INCOMP. SCREENING TESTS field (#8.1)indicating that testing for transfusion transmitted disease markers is incomplete or positive. |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I50 | Inventory - Modification of Units | Identification of units that are potentially unsuitable for modification based on an entry in the POS/INCOMP. SCREENING TESTS field (#8.1)indicating that the unit was released from the donor module with incomplete results. |
| I51 | Inventory - Modification of Units | Restricted selection of component choices to those defined in the MODIFIED TO/FROM field (#.01) in the BLOOD PRODUCT file (#66) for the specific component of the unit being modified. |
| I52 | Inventory - Modification of Units | Determination of whether more than one new unit can be created from a unit being modified based on the entry in the NOT ONLY ONE ALLOWED field (#.02)in the BLOOD PRODUCT file (#66) for the specific component of the unit being modified. |
| I53 | Inventory - Modification of Units | Prevents multiple modifications to the same unit byexcluding selection of units which already have a disposition entered. |
| I54 | Inventory - Modification ofUnits | Requirement for a new unit ID for units being created. |
| I55 | Inventory - Modification of Units | If a unit is being divided/split into other components, evaluation of the sum of the new unit volumes to make sure the sum does not exceed the volume of the original unit. |
| I56 | Inventory - Modification of Units | Calculation of the expiration date of the unit being created based on the time of the data entry and the entry in the Days Left field (#.11) of the BLOOD PRODUCT file (#66). If the entry in the field is a whole number, the calculation will be a date only; whereas, if the entry is a decimal, the calculation will be in theformat of a date and time. |
| I57 | Inventory - Modification of Units | Evaluation of the calculated expiration date of the new unit against the expiration date of the unit being modified and displays alert message. If the calculated expiration date of the new unit exceeds the original expiration date, or in the case of a pooled product, the original expiration date of any of the units in the pool. |
| I58 | Inventory - Modification of Units | No entry of future disposition dates. |
| I59 | Inventory - Modification of Units | If a pediatric component is being created, restricted unit selection to those of appropriate age based on the entry in the MAX AGE FOR PEDIATRIC USE field (#.21) in the BLOOD PRODUCT file (#66).for the component of the unit being modified. |
| I60 | Inventory - Modification of Units | If a pediatric component is being created, identificationof low volume units, i.e., those with a volume < 150ml. and displays the volume. |
| I61 | Inventory - Modification of Units | For pediatric units, calculation of the volume of the unit being created using an algorithm based on the weight entered and the specific gravity of the component as defined in the BLOOD PRODUCT file (#66). |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I62 | Inventory - Modification of Units | If a pediatric unit is being created, assignment of a final disposition of ‘MODIFIED’ to units with 0ml remaining volume after the unit has been modified,(i.e., divided into aliquots). |
| I63 | Inventory - Modification of Units | Site specific control to determine whether the user should be asked for a bag lot number during data entry of unit modification information for use in future FileMan search requests. (Ask Bag Lot # field (#.28) in the BLOOD PRODUCT file (#66)). |
| I64 | Inventory - Issue/relocation of units for transfusion | Display of patient and unit information on the CRT for comparison with the label generated by the Unit Caution tag labels [LRBLILA] option after thenecessary pretransfusion testing has been completed. |
| I65 | Inventory - Issue/relocation of units for transfusion | Display of an alert message for any patients selected who have autologous and/or directed components in inventory, based on a match with the name entered in the Restricted For field (#8) for the unit(s). |
| I66 | Inventory - Issue/relocation of units for transfusion | Display of a warning message if the unit selected has been double crossmatched and is still assigned to another patient at the time the unit is being issued fortransfusion. |
| I67 | Inventory - Issue/relocation of units for transfusion | Display of an alert message for any patients selected who have an entry in either the ANTIBODIES IDENTIFIED or the BLOOD BANK COMMENTS field(#.01) in the LAB DATA file (#63). |
| I68 | Inventory - Issue/relocation of units for transfusion | Limited selection of units for issue to those units, which have a current status of ‘assigned’ and areassigned to the patient specified. |
| I69 | Inventory - Issue/relocation of units for transfusion | For patients with an entry in the ANTIBODIES IDENTIFIED field (#.075), evaluation of the unit phenotyping of allogeneic (homologous) units against each clinically significant patient antibody & prevents issue if unit phenotyping s not appropriate, i.e., for each entry in the ANTIBODIES IDENTIFIED field (#.076), there must be a corresponding entry in the RBC ANTIGEN ABSENT field (#.5) of the unit. |
| I70 | Inventory - Issue/relocation of units for transfusion | Prior to its issue for subsequent transfusion, evaluation of the crossmatch requirements in the BLOOD PRODUCT file (#66) for the specific component of the unit selected to determine whether crossmatch results must be entered and prevents issue if a crossmatch is required and no results have been entered for the unit. |
| I71 | Inventory - Issue/relocation of units for transfusion | Use of an algorithm to prevent issue if no recheck results are entered based on component specific parameters defined the BLOOD PRODUCT file (#66), (i.e., if CONTAINS RED CELLS = YES, an ABOrecheck is required, and if unit is Rh negative, the Rh recheck is also required). |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I72 | Inventory - Issue/relocation of units for transfusion | Prevents issue of unit if the inspection is entered as unsatisfactory for that specific relocation from anyprevious relocations of that unit. |
| I73 | Inventory - Issue/relocation of units for transfusion | Evaluation of the expiration date of unit and displays a warning message if unit is expired when compared to the current time. |
| I74 | Inventory - Issue/relocation of units for transfusion | No issue of the unit if the component is one for which there is an entry of “YES” in the Modified Before Release field (#.14) in the BLOOD PRODUCT file(#66). |
| I75 | Inventory - Issue/relocation of units for transfusion | Data validation check to ensure that the unit relocation date/time is not prior to the date/time the unit was assigned to the patient. |
| I76 | Inventory - Issue/relocation ofunits for transfusion | Prevents entry of a future relocation date/time. |
| I77 | Inventory - Issue/relocation of units for transfusion | Restricted relocation of units to standard locations within the same associated division based on the entries in the HOSPITAL LOCATION file (#44) *unless* user enters a non-standard location and overrides thecheck. |
| I78 | Inventory - Issue/relocation of units for transfusion | Ability to edit verified information relating to the issue/relocation of a specific unit ID.(Requires a higher level of security access) |
| I79 | Inventory - Phenotyping of units | Use of a standardized coding system, i.e., SNOMED, for identifying both RBC and HLA antigen typings onunits. |
| I80 | Inventory - Phenotyping of units | Ability for the site to define which entries in FUNCTION FIELD file (#61.3) are accessible during the data entry of unit RBC phenotyping results (entries in File #61.3 for which the SCREEN = AN). |
| I81 | Inventory - Phenotyping of units | Site specific control of the transfusion criteria regarding the RBC antigen phenotyping of units selected for patient(s) with clinically significant antibody(ies). (CORRESPONDING ANTIGEN entry inthe FUNCTION FIELD file (#61.3) ) |
| I82 | Inventory - Phenotyping of units | Report listing of all units in inventory which have been phenotyped, including all entries for RBC antigens present and absent, for a specified component of a specified ABO/Rh. |
| I83 | Inventory - Phenotyping of units | Data validation check to prevent entry of the same antigen in the RBC Antigen Present field (#.04) and the RBC Antigen Absent field (#.05) for a given unitID. |
| I84 | Inventory - Phenotyping of units | Donor record in the BLOOD DONOR file (#65.5) updated to reflect any unit phenotyping performed and entered for the donor unit after the unit has been released to the BLOOD INVENTORY file (#65). |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I85 | Inventory-Release of units to stock/available inventory | Restricted release of the autologous/directed donor units for allogeneic (homologous) use, i.e., deletion of RESTRICTED FOR information, for units with a ‘YES’in the POS/INCOMP. SCREENING TESTS field (#8.1). |
| I86 | Inventory-Release of units to stock/available inventory | Restricted release of units from locations other than BLOOD BANK. |
| I87 | Inventory - Release of units to stock/available inventory | Site specific control of standardized canned comments that are accessible during the release of crossmatched/assigned units back to available inventory. (entries in the LABORATORY DESCRIPTIONS file (#62.5) for which the SCREEN =BB RELEASE). |
| I88 | Inventory- Records | Tracking of unit modification information for both the unit being modified and the unit(s) being created to include data on units MODIFIED TO or MODIFIED FROM as appropriate. |
| I89 | Inventory- Records | Use of an algorithm to search the BLOOD INVENTORY file (#65) to look for missing data. See Section IX for a listing of data elements beingevaluated. |
| I90 | Inventory- Records | On-line storage of unit cumulative history for look- back purposes. |
| I91 | Inventory- Records | Ability to display/print a hard copy of the cumulativeunit history. |
| I92 | Inventory- Records | Display of selected information on the current status of a unit, i.e., unit ID, component, expiration date, ABO/Rh, patient assigned if currently assigned, dateassigned if currently assigned, current location and the date last relocated if unit has ever been relocated. |
| I93 | Inventory- Records | Ability to print a hard copy of the cumulative unit history for units entered into the BLOOD INVENTORY file (#65) within a specified date range for which have a final disposition has been entered for use as a permanent record prior to the removal of the unit from the computer system. |
| I94 | Inventory - Records | Requirement to use the Print units with final disposition [LRBLRUF] option to print a hard copy of the cumulative unit history in the BLOOD INVENTORY file (#65) in order to purge units for which a final disposition has been assigned. (**NOTE:** Higher level of security access also required.) |
| I95 | Inventory - Management | Report of units which have been tested for CMV antibody and for which results have been entered, allowing user to specify ABO/Rh and whether the report should include CMV Antibody positive or CMVAntibody negative units. |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I96 | Inventory- Management | Report for a specified range of disposition dates for a specified disposition of units (as long as the disposition selected “TRANSFUSE”) and can be used for supervisory or utilization review. The report is sorted by component and includes specified data fields; for most dispositions i.e., unit ID, disposition date, supplier (source), ABO/Rh, date received and disposition comment. If “MODIFY” is selected for the disposition, the report will include the unit ID, disposition date, the component into which the unitwas modified and the new unit ID instead. |
| I97 | Inventory - Management | Report for a specified component (or all components), for a specified ABO/Rh (or all groups), of units which are available, i.e., are in date and have no final disposition, sorted by component, by ABO/Rh and by expiration date within the ABO/Rh which can be used for checking available inventory or for supervisory or utilization review. Report includes ABO/Rh, unit ID, expiration date, current location, patient assigned is currently assigned, specimen date is appropriate and totals for each ABO/Rh for each component. In addition, if the units autologous or directed, the patient’s name is included even if the unit is notcurrently in the assigned status. |
| I98 | Inventory- Management | Report for a specified component (or all components), for a specified ABO/Rh (or all groups), of units which have no final disposition (both in date and outdated), sorted by component, by ABO/Rh and by expiration date within the ABO/Rh which can be used for checking inventory and data entry records. Report includes ABO/Rh, unit ID, expiration date, current location, patient assigned is currently assigned, specimen date is appropriate and totals for each ABO/Rh for each component. In addition, if the unit is autologous or directed, the patient’s name is includedeven if the unit is not currently in the assigned status. |
| I99 | Inventory- Management | Report of units in the “assigned” status in chronological order by date/time assigned for use evaluating which units should be canceled/released or for other types of supervisory/utilization review. Report includes the date/time crossmatched (or assigned if component does not require crossmatching), specimen date/time if appropriate, unit ID, ABO/Rh, current location, unit expiration date/time, component abbreviation andpatient (name and SSN). |

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| **IU#** | **Functionality** | **Description of Intended Uses** |
| I100 | Inventory- Management | Ability to edit supplier charges for individual units before generating costing reports by invoice number orby transaction. |
| I101 | Inventory- Management | Ability to enter and/or edit supplier charges for special typing charges on individual units before generating costing reports for special typing charges. |
| I102 | Inventory- Management | Report of units entered into the BLOOD INVENTORY file (#65) for a specified date range, sorted by supplier and by invoice # within the supplier for use in verifying billing invoices received. Report includes the component, invoice #, date/time received, unit ID, expiration date, ABO/Rh, cost, disposition if alreadyentered, counts, cost subtotals and cost totals. |
| I103 | Inventory- Management | Report of units entered into the BLOOD INVENTORY file (#65) for a specified date range, sorted by component, then by date received, then by ABO/Rh for use in verifying billing invoices received or for a review of transactions. Report includes the supplier, component, date/time received, invoice #, unit ID, ABO/Rh, expiration date, cost, disposition if already entered, counts, cost subtotals and cost totals.(**NOTE:** Report differs from the report by invoice number in both format and count as the report by transaction includes unit modifications done on-site.) |
| I104 | Inventory- Management | Report of all special charges for units entered into the BLOOD INVENTORY file (#65) for a specified date range, sorted by date/time received, for use in verifying billing invoices received. Report includes the unit ID, component, supplier (source), invoice #, date/time received, cost, log-in tech, ABO/Rh, volume and specialtyping charge. |
| I105 | Inventory- Management | Report detailing the disposition of autologous units entered into the BLOOD INVENTORY file (#65) for a specified date range, sorted by date received, which have a disposition = TRANSFUSE, for supervisory and/or utilization review. Report includes the patient information, unit ID, # days present in inventory (calculated from date received to disposition date), component treating specialty of the patient whentransfused and totals by type of component. |
| I106 | Inventory- Management | Report detailing the disposition of autologous units entered into the BLOOD INVENTORY file (#65) for a specified date range, sorted by patient, which have a disposition TRANSFUSE, for supervisory and/or utilization review. Report includes the patient information, component, disposition, unit ID, # days present in inventory (calculated from date received to disposition date) and totals by type of component. |

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| --- | --- | --- |
| **IU#** | **Functionality** | **Description of Intended Uses** |
| I107 | Inventory- Management | Report of all issues/relocations for a specified date range, sorted by date/time relocation, for use as a semi- permanent record/utilization review or as a quick reference in other clinical lab sections. Report includes the date/time relocation, unit ID, component abbreviation, inspection results, tech performing inspection, person issued to, patient name, locationissued to, patient SSN, counts by location and by component, and totals by component. |
| I108 | Inventory- Statistics | Report of tallies for ABO recheck and Rh rechecks entered for units are entered into the BLOODINVENTORY file (#65) for a specified date range. |
| I109 | Inventory- Statistics | Capture of workload information feeds data to non-BB laboratory files which is subsequently used for a variety of local and national reports, including the CAP Laboratory Management Index Program and DSS. |

# Patient Functions

## LAB DATA file (#63) Description of Data Elements

Field Name Help Prompt

Field# Description Data Type ( PM=Pattern Match)

* 1. LRDFN NUMBER

The internal file number of the patient (or other entity) Enter the application entry number.

* 1. PARENT FILE POINTER TO FILE (#1)

The file where the name of this entry may be found.

Enter the appropriate parent you wish this entry associated with.

* 1. NAME NUMBER

The internal file number in the parent file for this entry.

* 1. DO NOT TRANSFUSE Field Not in Use
	2. ABO GROUP SET

‘A’ FOR A;

‘B’ FOR B; ‘AB’ FOR AB; ‘O’ FOR O;

ABO blood group of patient

* 1. RH TYPE SET

‘POS’ FOR POS; ‘NEG’ FOR NEG

This is the patient’s RH blood type.

* 1. RBC ANTIGENS PRESENT(other) (Subfile 63.13) POINTER

Multiple

RBC antigens present other than ABO & Rho(D)

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identified.

* + 1. RBC ANTIGENS PRESENT POINTER TO FUNCTION FIELD FILE (#61.3)

These are red blood cell antigens present other than ABO and Rho(D).

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier.

* + 1. RBC ANTIGENS PRESENT COMMENT FREE TEXT

This is a comment on the red blood cell antigen present. ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

1. ANTIBODIES IDENTIFIED (Subfile 63.075) POINTER

Multiple

These are the patient’s identified antibodies. Selects only antibodies.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AB as the identifier.

* 1. ANTIBODIES IDENTIFIED POINTER TO FUNCTION FIELD FILE (#61.3)

This is a pointer to an antibody identified on this patient.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AB as the identifier.

* 1. ANTIBODIES IDENTIFIED COMMENT FREE TEXT

This is a comment on the antibodies identified. ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

1. BLOOD BANK COMMENTS (Subfile 63.076)

.01 BLOOD BANK COMMENTS WORD-PROCESSING

These are blood bank comments for this patient.

1. RBC ANTIGENS ABSENT(other) (Subfile 63.016) POINTER

Multiple

Red blood cell antigens absent other than ABO & Rho(D).

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier.

* 1. RBC ANTIGENS ABSENT POINTER TO FUNCTION FIELD FILE (#61.3)

This is a red blood cell antigen absent for this patient. Selects only antigens.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier

* 1. RBC ANTIGENS ABSENT COMMENT FREE TEXT

This is the comment on the absent antigen. ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

1. BLOOD COMPONENT REQUEST (Subfile 63.084) POINTER

Multiple

These are blood component requests.

Selects only components that can be requested.

* 1. BLOOD COMPONENT REQUEST POINTER TO BLOOD PRODUCT

FILE (#66)

This is the component requested.

Selects only components that can be selected within the division.

* 1. PRE-OP REQUEST SET

‘1’ FOR YES;

‘0’ FOR NO;

YES indicates this is a pre-operative request.

* 1. REQUEST DATE/TIME DATE (PM=Exact date

(with month and day) required, time allowed and echo the answer)

This is the date/time of the request.

* 1. NUMBER OF UNITS NUMBER

This is the number of units requested.

Type a Number between 1 and 50, 0 Decimal Digits.

* 1. DATE/TIME UNITS WANTED DATE (PM=Exact date

(with month and day) required, time allowed and echo the answer)

This is the date/time the units are wanted.

* 1. PREVIOUS TRANSFUSIONS Field Not in Use
	2. PREVIOUS TRANSFUSION REACTION Field Not in Use
	3. ENTERING PERSON POINTER TO NEW PERSON FILE (#200)

This is the person entering the request.

* 1. REQUESTING PERSON FREE TEXT

This is the person making the request. ANSWER MUST BE 2-17 CHARACTERS IN LENGTH

1 UNITS SELECTED FOR XMATCH (Subfile 63.0841) POINTER Multiple

These are units selected for crossmatch. SELECTS UNTS WITHOUT DISPOSITION

1. UNIT SELECTED FOR XMATCH POINTER TO BLOOD INVENTORY

FILE (#65)

This is the unit selected for crossmatch.

1. INVERSE SPECIMEN DATE NUMBER

This is 9999999-collection date of the specimen for crossmatch.

TYPE A NUMBER BETWEEN 1 AND 9999999.

* 1. COMPONENT REQUEST REASON FREE TEXT

If request does not meet acceptable criteria enter the reason why the request should still be completed.

ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB AUDIT as the screen.

* 1. APPROVED BY FREE TEXT

This is the person approving the crossmatch request. ANSWER MUST BE 2-30 CHARACTERS IN LENGTH

* 1. TREATING SPECIALITY POINTER TO FACILITY TREATING SPECIALTY FILE (#45.7)

This is the treating specialty of the crossmatch request.

1. TRANSFUSION RECORD (Subfile 63.017) DATE

Multiple

This is data concerning the patient’s transfusion.

1. TRANSFUSION DATE/TIME DATE (PM=Exact date

(with month and day) required, time allowed and echo the answer; allows dates up to the current time)

This is a reverse chronological order of blood components transfused.

1. COMPONENT POINTER TO BLOOD PRODUCT FILE (#66)

This is the component transfused.

Selects only blood components that can be transfused.

NOTE: User can only elect from entries in the BLOOD PRODUCT file (#66) which have BB as the identifier.

1. COMPONENT ID FREE TEXT

This is the component identification number. ANSWER MUST BE 2-12 CHARACTERS IN LENGTH

1. ENTERING PERSON POINTER TO NEW PERSON FILE (#200)

This is the person entering information on the transfusion.

1. ABO SET

‘A’ FOR A;

‘B’ FOR B; ‘AB’ FOR AB; ‘O’ FOR O;

ABO group of component

1. RH SET

‘POS’ FOR POSITIVE; ‘NEG’ FOR NEGATIVE;

Rh type of component

1. UNITS POOLED NUMBER

This is the number of units pooled. TYPE A WHOLE NUMBER BETWEEN 0 AND 99.

1. TRANSFUSION REACTION SET

‘1’ FOR YES;

‘0’ FOR NO;

YES indicates a transfusion reaction was associated with this transfusion.

1. DATA ENTERED VIA OLD RECORDS SET

‘1’ FOR YES;

If transfusion data entered in the transfusion record via previous records option then a ‘YES’ will be entered here. NOTE: Data are not entered by the user.

.1 VOL(ml) TRANSFUSED NUMBER

Enter in milliliters the volume of the unit transfused. Type a Number between 1 and 1000, 0 Decimal Digits.

.11 TRANSFUSION REACTION TYPE POINTER TO BLOOD BANK UTILITY

FILE (#65.4)

Indicates type of transfusion reaction

NOTE: User can select from entries in the BLOOD BANK UTILITY file (#65.4) which have TRANSFUSION REACTION as the screen.

1 TRANSFUSION COMMENT (Subfile 63.186) Multiple

.01 TRANSFUSION COMMENT FREE TEXT

These are comments on the transfusion. ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TRANS as the screen.

2 CROSSMATCH COMMENT (Subfile 63.027) Multiple

.01 CROSSMATCH COMMENT FREE TEXT These are comments on the crossmatch.

ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

1. TRANSFUSION REACTION DATE (Subfile 63.0171) DATE

Multiple

Transfusion reactions that cannot be assigned to a specific unit are entered here.

1. TRANSFUSION REACTION DATE DATE (PM=Exact date

(with month and day) required, time allowed and echo the answer)

Transfusion reactions that cannot be assigned to a specific unit are entered here.

1. TRANSFUSION REACTION TYPE POINTER TO BLOOD BANK UTILITY

FILE (#65.4)

Stores the type of transfusion reaction Selects only transfusion reaction entries

NOTE: User can select from entries in the BLOOD BANK UTILITY FILE (#65.4) which have TRANSFUSION REACTION as the screen.

1. PERSON ENTERING REACTION POINTER TO NEW PERSON

FILE (#200)

Person entering reaction information

1 TRANSFUSION REACTION COMMENT (Subfile 63.172) Multiple

Multiple for transfusion reaction comment

.01 TRANSFUSION REACTION COMMENT FREE TEXT

Answer must be 2-68 characters in length.

.09 HOSPITAL ID COMPUTED

Computed field to present the hospital ID from the parent file.

1. PAT. INFO. FREE TEXT

ANSWER MUST BE 1-20 CHARACTERS IN LENGTH

Patient information

1. LOCATION TYPE SET

‘C’ FOR CLINIC; ‘M’ FOR MODULE; ‘W’ FOR WARD;

‘Z’ FOR OTHER LOCATION; ‘N’ FOR NON-CLINIC STOP; ‘F’ FOR FILE AREA;

‘I’ FOR IMAGING;

‘OR’ FOR OPERATING ROOM;

This field is used for Workload Classification. Other location type is the default answer.

.1 REPORT ROUTING (LOCATION) FREE TEXT ANSWER MUST BE 1-19 CHARACTERS IN LENGTH

The most current location where a lab procedure was requested.

.101 REPORT ROUTING (PROVIDER) POINTER TO NEW PERSON FILE (#200)

The most current requesting person who requested a lab procedure.

.11 CUMULATIVE REPORT PAGES (Subfile 63.03) POINTER

Multiple

Current temporary (active) page numbers for the cumulative report.

.01 CUMULATIVE REPORT PAGES POINTER TO LAB REPORTS

FILE (#64.5)

First piece page number for the cumulative report.

1 PAGE NUMBER

TYPE A WHOLE NUMBER BETWEEN 1 AND 9999

Second piece page number for the cumulative report.

1. HLA ANTIGENS PRESENT (Subfile 63.14) POINTER

Multiple

These are HLA antigens associated with this patient. SELECTS ONLY HLA ANTIGENS

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have HL as the identifier

* 1. HLA ANTIGEN PRESENT POINTER TO FUNCTION FIELD FILE (#61.3)

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have HL as the identifier.

* 1. HLA ANTIGEN PRESENT COMMENT FREE TEXT ANSWER MUST BE 2-80 CHARACTERS IN LENGTH
1. HLA ANTIGENS ABSENT (Subfile 63.141) POINTER

Multiple

These are HLA antigens NOT associated with this patient. Selects HLA antigens.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have HL as the identifier.

* 1. HLA ANTIGENS ABSENT POINTER TO FUNCTION FIELD FILE (#61.3)

This is the HLA antigen NOT associated with this patient.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have HL as the identifier.

* 1. LA ANTIGEN ABSENT COMMENT FREE TEXT ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

1 BLOOD BANK (Subfile 63.01) DATE Multiple

This is blood bank data on this patient.

.01 DATE/TIME SPECIMEN TAKEN DATE (PM=Exact date

(with month and day) required, time allowed (including seconds) and echo the answer; allows dates up to the current time)

This is the date/time the specimen was collected. ENTER PAST OR PRESENT DATE/TIME ONLY

1. DATE REPORT COMPLETED DATE (PM=Exact date

(with month and day) required, time allowed and echo the answer)

This is the date the report was completed.

1. ENTERING PERSON Field Not in Use
2. SPECIMEN POINTER TO TOPOGRAPHY FIELD FILE (#61)

This is the specimen collected.

.055 COLLECTION SAMPLE Field Not in Use

1. ACCESSION NUMBER FREE TEXT

This is the blood bank accession.

ANSWER MUST BE 1-20 CHARACTERS IN LENGTH

1. PHYSICIAN Field Not in Use
2. WARD Field Not in Use
3. PHLEBOTOMIST Field Not in Use

.1 DATE/TIME RECEIVED Field Not in Use

.12 ACCESSION LINK Field Not in Use

.99 SPECIMEN COMMENT (Subfile 63.199)

Multiple

This is a comment on the specimen. ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

.01 SPECIMEN COMMENT FREE TEXT

Answer must be 2-68 characters in length.

* 1. DIRECT AHG(POLYSPECIFIC) FREE TEXT Polyspecific (broad spectrum) antiserum

NOTE: In addition to free text, the user can select from entries in the AGGLUTINATION STRENGTH File (#62.55).

* 1. DIRECT AHG(5 min incub) Field Not in Use
	2. DIRECT AHG CC Field Not in Use
	3. ANTI-IgG FREE TEXT

Anti-human globulin (not broad spectrum)

NOTE: In addition to free text, the user can select from entries in the AGGLUTINATION STRENGTH file (#62.55).

* 1. ANTI-IgG CC Field Not in Use
	2. ANTI-COMPLEMENT FREE TEXT Anti-human globulin (complement specific)

NOTE: In addition to free text, the user can select from entries in the AGGLUTINATION STRENGTH file (#62.55).

* 1. ANTI-COMPLEMENT (5 min incub) Field Not in Use
	2. ANTI-COMPLEMENT CC Field Not in Use
	3. DIRECT AHG INTERPRETATION SET

‘P’ FOR POSITIVE; ‘N’ FOR NEGATIVE; ‘I’ FOR INVALID, USE EDTA SPECIMEN;

Interpretation of the direct AHG

2.91 DIRECT AHG TEST COMMENT FREE TEXT Any comment on the direct AHG test

ANSWER MUST BE 1-80 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TESTING as the screen.

1. ELUATE ANTIBODY (Subfile 63.012) POINTER Multiple

Selects only antibodies

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AB as the identifier.

.01 ELUATE ANTIBODY POINTER TO FUNCTION FIELD FILE (#61.3)

These are eluate antibodies. Selects only Blood group Antibodies

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AB as the identifier.

1. SCREEN CELL METHOD (Subfile 63.014) Field Not in Use

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| .01 | SCREEN CELL METHOD | Field | Not | in | Use |
| .02 | TECHNIQUE | Field | Not | in | Use |
| 1 | SCREEN CELL (Subfile 63.015)1. SCREEN CELL
2. SOURCE
3. INTERPRETATION
4. IS

.05 37 C1. AHG
2. CONTROL CELL
3. ROOM TEMP

.09 12-18 C.1 4 C | Field Field Field Field Field Field Field Field Field Field Field | Not Not Not Not Not Not Not Not Not Not Not | in in in in in in in in in in in | Use Use Use Use Use Use Use Use Use Use Use |

1. ANTIBODY SCREEN INTERPRETATION SET

‘N’ FOR NEG; ‘P’ FOR POS;

If antibodies are present in the patient’s serum the antibody screen interpretation will usually be positive.

* 1. RBC ANTIGEN PRESENT (Subfile 63.011) POINTER Multiple

Antigens present on RBC’s of patient are entered here. Selects red blood cell antigens

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier.

* + 1. RBC ANTIGEN PRESENT POINTER TO FUNCTION FIELD

FILE (#61.3)

Antigens present on RBC’s of patient are entered here.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier.

* + 1. COMMENT FREE TEXT

Answer must be 1-80 characters in length.

* 1. RBC ANTIGEN ABSENT (Subfile 63.0112) POINTER Multiple

Antigens identified as absent on red blood cells are entered here. Selects red blood cell antigens

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier.

1. RBC ANTIGEN ABSENT POINTER TO FUNCTION FIELD

FILE (#61.3)

Antigens identified as absent on red blood cells are entered here.

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AN as the identifier.

1. COMMENT FREE TEXT

Answer must be 1-80 characters in length.

* 1. HLA ANTIGEN PRESENT (Subfile 63.013) Field Not in Use
1. HLA ANTIGEN PRESENT Field Not in Use
2. COMMENT Field Not in Use
	1. HLA ANTIGEN ABSENT (Subfile 63.0114) Field Not in Use
3. HLA ANTIGEN ABSENT Field Not in Use
4. COMMENT Field Not in Use
5. SERUM ANTIBODY (Subfile 63.46) POINTER Multiple

These are the serum antibodies. SELECTS ANTIBODIES

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AB as the identifier.

1. SERUM ANTIBODY POINTER TO FUNCTION FIELD FILE (#61.3)

NOTE: User can only select from entries in the FUNCTION FIELD file (#61.3) which have AB as the identifier.

1. ANTIBODY COMMENT FREE TEXT ANSWER MUST BE 2-30 CHARACTERS IN LENGTH
2. ANTIBODY SCREEN COMMENT (Subfile 63.48) Multiple

These are antibody screen comments.

.01 ANTIBODY SCREEN COMMENT FREE TEXT ANSWER MUST BE 2-80 CHARACTERS IN LENGTH

NOTE: In addition to free text, the user can select from entries in the LAB DESCRIPTIONS file (#62.5) which have BB TESTING as the screen.

1. RBC TYPING METHOD (Subfile 63.018) Field Not in Use
2. RBC TYPING METHOD Field Not in Use
3. TECHNIQUE Field Not in Use

1 ANTISERUM (Subfile 63.019) Field Not in Use

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| .01 | ANTISERUM | Field | Not | in | Use |
| .02 | LOT # | Field | Not | in | Use |
| .03 | INTERPRETATION | Field | Not | in | Use |
| .04 | IS | Field | Not | in | Use |
| .05 | 37 C | Field | Not | in | Use |
| .06 | AHG | Field | Not | in | Use |
| .07 | CONTROL CELL | Field | Not | in | Use |
| .08 | ROOM TEMP | Field | Not | in | Use |
| .09 | 12-18 C | Field | Not | in | Use |
| .1 | 4 C | Field | Not | in | Use |

1. ABO INTERPRETATION SET

‘A’ FOR A;

‘B’ FOR B;

‘O’ FOR O; ‘AB’ FOR AB;

‘ND’ FOR NOT DONE;

This is the patient’s ABO interpretation.

* 1. ABO TYPING TECH POINTER TO NEW PERSON FILE (#200)

Technologist interpreting ABO typing results

* 1. ABO TESTING COMMENT FREE TEXT This is a comment on the ABO testing. ANSWER MUST BE 1-80 CHARACTERS
1. RH INTERPRETATION SET

‘NEG’ FOR NEG; ‘POS’ FOR POS; ‘ND’ FOR NOT DONE;

This is the patient’s Rh interpretation.

* 1. RH TYPING TECH POINTER TO NEW PERSON FILE (#200)

Technologist interpreting Rh typing results

* 1. RH TESTING COMMENT FREE TEXT This is a comment on the Rh testing. ANSWER MUST BE 1-80 CHARACTERS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 121 | PT | CELLS+ANTI D (sal) | Field | Not | in | Use |
| 122 | PT | CELLS+RH CTRL (sal) | Field | Not | in | Use |
| 123 | PT | CELLS(sal)+ANTI D(hp IS) | Field | Not | in | Use |
| 124 | PT | CELLS(ser)+ANTI D(hp IS) | Field | Not | in | Use |
| 125 | PT | CELLS+ANTI D (hp 37) | Field | Not | in | Use |
| 126 | PT | CELLS+ANTI D (hp AHG) | Field | Not | in | Use |
| 127 | PT | CELLS+ANTI D SLIDE (hp) | Field | Not | in | Use |
| 128 | PT | CELLS(sal)+RH CTRL (hp IS) | Field | Not | in | Use |
| 129 | PT | CELLS(ser)+RH CTRL(hp IS) | Field | Not | in | Use |
| 129.1 | PT | CELLS+RH CTRL (hp 37) | Field | Not | in | Use |
| 129.11 | PT | CELLS+RH CTRL (hp AHG) | Field | Not | in | Use |
| 129.12 | PT | CELLS+RH CTRL SLIDE (hp) | Field | Not | in | Use |

1. INTERPRETATION OF RH TESTING Field Not in Use
2. RH TEST COMMENT Field Not in Use
3. PT Cells(sal)+Anti D(mod) IS Field Not in Use
4. PT Cells(ser)+Anti D(mod) IS Field Not in Use
5. PT Cells+Anti D(mod) 37 Field Not in Use

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 136 | PT Cells+Anti D(mod) AHG | Field | Not | in | Use |
| 138 | PT Cells(sal)+RH Ctrl(sal) IS | Field | Not | in | Use |
| 139 | PT Cells(ser)+RH Ctrl(sal) IS | Field | Not | in | Use |
| 139.1 | PT Cells+RH Ctrl(sal) 37 | Field | Not | in | Use |
| 139.11 | PT Cells+RH Ctrl(sal) AHG | Field | Not | in | Use |
| 141 | PT CELLS(ser)+ANTI A IS | Field | Not | in | Use |
| 142 | PT CELLS(sal)+ANTI A IS | Field | Not | in | Use |
| 143 | PT CELLS+ANTI A SLIDE | Field | Not | in | Use |
| 144 | PT CELLS(ser)+ANTI B IS | Field | Not | in | Use |
| 145 | PT CELLS(sal)+ANTI B IS | Field | Not | in | Use |
| 146 | PT CELLS+ANTI B SLIDE | Field | Not | in | Use |
| 147 | PT CELLS(ser)+ANTI A,B IS | Field | Not | in | Use |
| 148 | PT CELLS(ser)+ANTI A,B (RT) | Field | Not | in | Use |
| 149 | PT CELLS(sal)+ANTI A,B (IS) | Field | Not | in | Use |
| 149.1 | PT CELLS(sal)+ANTI A,B (RT) | Field | Not | in | Use |
| 149.11 | PT CELLS+ANTI A,B SLIDE | Field | Not | in | Use |
| 149.12 | PT SERUM+A1 CELLS | Field | Not | in | Use |
| 149.13 | PT SERUM+B CELLS | Field | Not | in | Use |
| 151 | INTERPRETATION OF ABO TESTING | Field | Not | in | Use |
| 152 | ABO TESTING COMMENT | Field | Not | in | Use |
| 153 | INTERPRETATION ABO GROUP(cell) | Field | Not | in | Use |
| 154 | INTERPRETATION ABO GROUP(ser) | Field | Not | in | Use |

File continues with other laboratory data for anatomic and clinical pathology.

### Software Limitations

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| **Functionality** | **Description of Software Limitations** |
| Patient- Specimen Receipt & Order Entry | Manual system for patient/recipient armband identification.Manual system for recording and tracking the identification of the phlebotomist.Partial system for entry of blood component requests/orders (chart and SF518).No provision for a cumulative system of records for blood components requests within the Blood Bank software, (i.e., data is editable and represents only current information). |
| Patient - Test Result Entry (other than crossmatching) | No provision for test result interpretation based on actual testing results, (e.g. evaluation of reactions of antisera).Manual entry of test result interpretations of all required testing. |
| Patient - Unit Selection & Pretransfusion Testing | No provision for test result interpretation based on actual testing results, (e.g. evaluation of reactions of antisera).Manual entry of test result interpretations of all required testing.Manual documentation of previous history checks. No automatic updating and evaluation of donor recruitment/recall information based on actual donation data.Partial system for evaluating units selected versus blood component requests.No provision for evaluation of requirements for irradiation of directed donor units, i.e., unit from a donor who is a blood relative.No provision for evaluation of requirements for hemoglobin testing on units used for massive or exchange transfusions.No automatic provision for evaluation of specific component requirements, e.g., CMV negative units. No provision for performance of electronic crossmatch. |
| Patient- Transfusion Data Entry | No provision for electronic primary documentation ofblood administration data.No provision for electronic documentation of autologous blood collected/transfused as part of preoperative salvage procedures. |

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| **Functionality** | **Description of Software Limitations** |
| Patient - Investigation of Adverse Effects | No provision for test result interpretation based on actual testing results, e.g. evaluation of reactions of antisera.Manual entry of results of testing associated with transfusion reaction investigations.No provision for reporting pathologist’s evaluation/summary of transfusion reaction investigations. |
| Patient - Records | Manual record-keeping system prior to the computerization with site determination regarding entry of “old” data.Manual record-keeping system for actual test results. Partial system for recording blood administration data, i.e., date/time of transfusion and whether patient had a reaction.Manual system of records for blood components requests, i.e., data within the Blood Bank software is editable and represents only current request information.No provision of record-keeping system for “look back”notifications. |

### Intended Uses

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P1 | Patient - General | Ability to set up a site parameter to indicate whether the fields for direct antiglobulin testing should be included in the edit template for entering ABO/Rh and antibody screening results. |
| P2 | Patient - General | Ability for the site to define standardized canned comments that are accessible during data entry based on the entry in the Screen field (#5). |
| P3 | Patient - General | Ability for the site to define consultation reports for both serumantibodies and positive direct antiglobulin tests. |
| P4 | Patient - General | Ability for the site to define which antibodies are clinically significant and to designate what corresponding antigen should be lacking in units of red blood cells selected for a patient possessing that antibody. |
| P5 | Patient - General | Ability for the site to define which test results should be displayed when accessioning blood bank specimens/entering blood component requests. |
| P6 | Patient - General | Ability for the site to define types of transfusion reactions for selection in data entry. |
| P7 | Patient - General | Provision of a unique cumulative record for each individual patient based on the data elements detailed above for the blood bank portionof the LAB DATA file (#63). |
| P8 | Patient - General | Maintenance of patient record confidentiality for test results/transfusion histories by providing different levels of security access such that the type of data access can be defined by individual user. |
| P9 | Patient - General | Site specific control to set up the entries in the BLOOD PRODUCT file (#66) for component specific requirements and algorithms to reflect facility operating procedures. See Section IX for a listing of thedata elements and the description of their use. |
| P10 | Patient - General | Limited simultaneous access by multiple terminals/ users to the same patient record for purposes of data entry for specified options. |
| P11 | Patient - General | Cumulative patient data/transfusion record, including data on clinically significant antibodies, transfusion reactions and unitstransfused, updates immediately upon data entry. |
| P12 | Patient - General | Displays patient transfusion record in reverse chronological order for a specified date range (in either detailed or summary format), including any history of previous transfusion reactions and entries in the ANTIBODIES IDENTIFIED field (#.075) or BLOOD BANKCOMMENTS field (#.01) of the LAB DATA file (#63). User can also specify the component if so desired. |
| P13 | Patient - General | Limited access to those units currently assigned to the same divisionas the user. |
| P14 | Patient - General | Accommodation of the use of a bar code reader for entry of the unit ID |
| P15 | Patient - General | Tracking of changes in verified data for specific data elements defined for the LAB DATA file (#63). |
| P16 | Patient - General | Tracing of verified data entered for critical data elements as detailed for the LAB DATA file (#63) when entered via the supervisory editoptions requiring a higher level of security |
| P17 | Patient - General | Tracking of the person entering the data into the computer |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P18 | Patient - General | Elimination of the need for duplicate data entry by also updating the unit record immediately upon data entry. |
| P19 | Patient - General | Display of patient demographics, including first and last names, social security number, date of birth, ABO/Rh of record (if one exists), and admitting diagnosis. |
| P20 | Patient - General | Display of an alert message for any patients with a previous antibody history, regardless of division, based on entries in the Antibodies Identified field (#.075). |
| P21 | Patient - General | Display of previous transfusion reactions, regardless of division, forboth unit specific and non-unit specific reactions. |
| P22 | Patient - General | Display of an alert message for any patients who have autologous and/or directed units in inventory, regardless of the division, based on a match in the Restricted For field (#8) of the unit. |
| P23 | Patient - General | Limited component selection to those components for which the Can Be Requested field (#.15) in the BLOOD PRODUCT file (#66) =YESand which are assigned to the appropriate division. |
| P24 | Patient - General | Provision of a variety of reports that can be used for supervisory review. Including one which details the patient’s ABO/Rh, AB Screen results, DAT results and serum/eluate antibodies, for the current specimen and a specified number of previous specimens, as well as entries in the Antibodies Identified field (#.075) and the Blood Bank Comments field (#.01). |
| P25 | Patient - General | Entry of special instructions in the Blood Bank Comments field (#.01)regarding specific component requirements. |
| P26 | Patient - Old Records | Entry of previous transfusion history, ABO/Rh, clinically significant antibodies, red cell phenotyping and transfusion reactions. |
| P27 | Patient - Old Records | Provision of access to fields for entry of comments/special instructions,which might be relevant for future reference. |
| P28 | Patient - Old Records | No entry of historical unit information, if unit is in the current BLOOD INVENTORY file #65. |
| P29 | Patient - Old Records | Ability to edit information entered from old records prior tocomputerization, (i.e., cannot access units in the BLOOD INVENTORY file (#65)). (Requires a higher level of security access). |
| P30 | Patient - Specimen Receipt & Order Entry | Ability for the site to define Blood Bank tests in the LABORATORY TEST file (#60) which can be ordered by both Blood Bank personnel and other hospital personnel, e.g., transfusion request, type and screen, etc. |
| P31 | Patient - Specimen Receipt & OrderEntry [LREV] | Display of test description information based on entries for the specific test in the LABORATORY TEST file (#60). |
| P32 | Patient - Specimen Receipt & Order Entry [LREV] | Ability to accept orders for Blood Bank tests which are entered through other software packages and to update the status of the order as appropriate. |
| P33 | Patient - Specimen Receipt & Order Entry | Displays a listing of accessions for the patient for a specified accession area, including previous transfusion reaction information and data from the Antibodies Identified field (#.075) and the Blood BankComments field (#.01) if data exists. |
| P34 | Patient - Specimen Receipt & Order Entry | Ability for the Blood Bank personnel to enter component requests, for those which can be requested, for a specific patient. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P35 | Patient - SpecimenReceipt & Order Entry | Check to determine whether a previous specimen has beenaccessioned which was collected within the last 72 hours, regardless of division. |
| P36 | Patient - Specimen Receipt & Order Entry | Evaluation of the age of patient specimens available for the specific accession area and appropriate division to determine whether any meet the requirements based on the entry in the Maximum Specimen Age field (#16) of the BLOOD PRODUCT file (#66) for the specific component. |
| P37 | Patient - Specimen Receipt & OrderEntry | Display of the most recent lab values for specified tests to allow auditing of the request based on locally defined parameters. |
| P38 | Patient - Specimen Receipt & Order Entry | Ability for the site to define, by specific surgical procedure in the OPERATIONS (MSBOS) file (#66.5), by specific blood component, the maximum number of units which may be requested without additional justification. |
| P39 | Patient - Specimen Receipt & OrderEntry | Evaluation of pre-operative component requests against audit criteria as defined by the facility. |
| P40 | Patient - Specimen Receipt & Order Entry | Ability for the site to define specific audit criteria for pre-op and non pre-op requests, by blood component. |
| P41 | Patient - Specimen Receipt & Order Entry | Evaluation of requests against facility defined audit criteria for the specific component and current lab results, flagging requests which may be potentially inappropriate and allowing for input of additionaljustification for those requests. |
| P42 | Patient - Specimen Receipt and Order Entry | Capture of appropriate data for evaluation of ordering practices by treating specialty through a variety of different reports. |
| P43 | Patient - Specimen Receipt and OrderEntry | No deletion of accession if there is verified data entered for that accession. |
| P44 | Patient - Test Result Entry (other than crossmatching) | Creation of the patient’s historical ABO/Rh record based on the first entry of ABO/Rh results for the patient. |
| P45 | Patient - Test Result Entry (other than crossmatching) | Requirement for the use of a separate option to edit the patient’s historical ABO/Rh record.(Requires a higher level of security access). |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P46 | Patient - Test ResultEntry (other than crossmatching) | Comparison of current ABO/Rh interpretations to patient history and display of a warning message if a discrepancy exists. |
| P47 | Patient - Test Result Entry (other than crossmatching) | Display of a warning message on those patients who have no previous history to be used for comparison with current results. |
| P48 | Patient - Test Result Entry (other thancrossmatching) | Automatic display of patient medications (both inpatient and outpatient, oral and IV) for patients upon entry of a positive directantiglobulin test. |
| P49 | Patient - Test Result Entry (other than crossmatching) | Ability to view patient’s medications, i.e. both inpatient and outpatient oral and IV. |
| P50 | Patient - Test ResultEntry (other than crossmatching) | Tracking of data entry errors for ABO/Rh when comparisons withprevious history fail to match even if data is corrected since such errors might adversely affect the patient if not caught. |
| P51 | Patient - Test Result Entry (other than crossmatching) | If changes are made in verified data for ABO/Rh testing, antibody screening or direct antiglobulin testing, automatic generation of a comment “reported incorrectly as” to indicate the original data. Thiscomment is then included on the Blood Bank Test Report. |
| P52 | Patient - Test Result Entry (other than crossmatching) | Ability to generate a cumulative Blood Bank Test Report which includes the patient demographics (name, SSN, DOB and historical ABO/Rh), antibodies identified, the test results of individual specimens (ABO, Rh, Direct AHG, Antibody Screen, Serum Antibody and Eluate Antibody), and if requested, the current component requests. |
| P53 | Patient - Test Result Entry (other than crossmatching) | Creation of a print queue upon entry of test results and provides the ability to either print the Blood Bank Test Report in batches for all patients in the queue or to delete the queue. |
| P54 | Patient - Test Result Entry (other than crossmatching) | Custom consultation reports for patients with irregular antibodies and/or positive direct antiglobulin tests based on data entered for specific specimen and site specific file set-ups. |
| P55 | Patient- Unit Selection & PretransfusionTesting | No selection of units which are expired through the usual option, requiring a different option and a level of security access to enter compatibility information and assign an expired unit to a patient. |
| P56 | Patient- Unit Selection & Pretransfusion Testing | Ability to assign units or enter crossmatch results if the age of the specimen exceeds the maximum requirements for the specific component requires a higher level of security access and a different option than that used routinely. |
| P57 | Patient- Unit Selection & PretransfusionTesting | Predefined algorithm and parameters defined for the specific component, to prevent selection of units that are not ABO/Rh compatible. |
| P58 | Patient- Unit Selection & Pretransfusion Testing | Ability to assign a unit which is not ABO/Rh compatible according to the component specific parameters, requiring a higher level of security access and a different option than that used routinely. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P59 | Patient- Unit Selection & PretransfusionTesting | User controlled choice as to whether selection of units should be limited to those not currently assigned to another patient. |
| P60 | Patient- Unit Selection & Pretransfusion Testing | Display of any entries in the LAB DATA file (#63), Blood Bank Comments field (#.01) including those which might detail specific component needs. |
| P61 | Patient- Unit Selection & Pretransfusion Testing | Display of a warning message if the current volume is less than the average volume for the component if it is a pediatric component. |
| P62 | Patient- Unit Selection & Pretransfusion Testing | Display of a message indicating the number of days left before expiration of unit. |
| P63 | Patient- Unit Selection & Pretransfusion Testing | Prevents access to units which have not been appropriately ‘selected’ unless data is entered via a different option with a higher level of security and an automatic audit trail. |
| P64 | Patient- Unit Selection & Pretransfusion Testing | Algorithm to evaluate confirmatory testing and display of a warning message if required testing has not been completed. |
| P65 | Patient- Unit Selection & Pretransfusion Testing | No change in the unit status to make the unit available for subsequent issue if the unit recheck results do not match the unit log- in information. |
| P66 | Patient- Unit Selection & Pretransfusion Testing | No ability to delete the patient’s historical record of ABO/Rh. |
| P67 | Patient- Unit Selection & Pretransfusion Testing | Comparison of the unit ABO/Rh to the patient history and prevents unit selection if there is no patient ABO/Rh on record. |
| P68 | Patient- Unit Selection & Pretransfusion Testing | Entry of crossmatch interpretation prevented if no ABO/Rh results have been entered on the current specimen. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P69 | Patient- Unit Selection & PretransfusionTesting | Display of a warning message if no results are entered for the antibody screening on the current specimen. |
| P70 | Patient Unit Selection & Pretransfusion Testing | Generation of a label containing patient identification and unit information to be attached to the tie tag for the unit in order to minimize opportunities for transcription errors. |
| P71 | Patient- Unit Selection & PretransfusionTesting | Algorithm to evaluate unit phenotyping of allogeneic (homologous and directed) units, against clinically significant patient antibody in order to prevent selection of the unit for the patient if the correspondingantigen is present in the unit. |
| P72 | Patient- Unit Selection & Pretransfusion Testing | Evaluation of unit phenotyping of allogeneic (homologous) units against clinically significant patient antibody and display of a warning message if the corresponding Ag is not entered in the RBC Antigen Absent field (#.05). |
| P73 | Patient- Unit Selection & PretransfusionTesting | Determination as to whether crossmatch result is required for the specific component. |
| P74 | Patient- Unit Selection & Pretransfusion Testing | Status change to ‘assigned’ for subsequent issue is prevented if the crossmatch result is anything other than’ C’ or ‘IG’. |
| P75 | Patient- Unit Selection & PretransfusionTesting | Status change to allow issue of the unit is prevented unless the initials entered match those of the user and the user also holds the appropriate security key. |
| P76 | Patient- Unit Selection & Pretransfusion Testing | Release of units back to available inventory if the result entered for the crossmatch is not ‘C’ or ‘IG’ |
| P77 | Patient- Unit Selection & PretransfusionTesting | No ability to select units not associated with the appropriate division (even autologous) |
| P78 | Patient- Unit Selection & Pretransfusion Testing | Selection of autologous unit for a different patient than the patient designated is prevented. |
| P79 | Patient- Unit Selection & Pretransfusion Testing[LRBLQPR] | Automatic display of the current information on component requests and units assigned/available for issue. |
| P80 | Patient - Transfusion Data Entry | Calculation of the number of units in a pool and entry of the data in the Pooled/Divided Units field for the pooled product which was created if a pooled product is transfused. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P81 | Patient - Transfusion Data Entry | Entry of unit specific transfusion reaction data, (i.e., type of reaction and appropriate comments). |
| P82 | Patient - Transfusion Data Entry | Entry of future transfusion dates prohibited. |
| P83 | Patient - Transfusion Data Entry | Capture of appropriate data for evaluation of transfusion practices by treating specialty through a variety of different reports. |
| P84 | Patient - Investigation ofAdverse Effects | Entry of transfusion reaction data which is unrelated to a specific unit. |
| P85 | Patient - Investigation of Adverse Effects | Report of transfusion data, sorted by patient, including both reactions associated with a specific unit and those not associated with specific units. |
| P86 | Patient - Investigation of Adverse Effects | Report for use in identifying potential cases of transfusion transmitted disease, based on search of those patients transfused within the previous six month period for specific patient test resultsusing facility specified tests and facility defined values. |
| P87 | Patient - Management/ Quality Improvement | Report of crossmatch transfusion ratios, sorted by treating specialty, in either summary or detailed format to allow a review of ordering patterns. |
| P88 | Patient - Management/ Quality Improvement | Report of patient’s crossmatched for a specified date range, sorted by date/time crossmatched, to allow a review of ordering patterns.Report includes specimen info, unit ID, XM result, outcome of XM (released or transfused) and statistics on the # of patients crossmatched, # of specimens crossmatched, # of units transfused, theC:T ratio and the # of crossmatches for each result (C, IG, etc.). |
| P89 | Patient - Management/ Quality Improvement | Report of autologous unit dispositions, sorted by whether the unit was transfused or not, including the patient information, treating specialty if unit was transfused, component, unit ID and the number of days in inventory, to allow evaluation of utilization patterns. |
| P90 | Patient - Management/ QualityImprovement | Mechanism to identify units with a prolonged infusion time, based on component specific local parameters for maximum infusion time. |
| P91 | Patient - Management/ Quality Improvement | Administrative data report which detail data requestedon the annual AABB questionnaire, sorted into inventory and donor groupings. |
| P92 | Patient - Management/ QualityImprovement | Report of potentially inappropriate transfusions based on the auditing done during specimen log-in /order entry, sorted by location to which the unit was issued for transfusion. |
| P93 | Patient - Management/ Quality Improvement | Patient report for use in outcome assessments, integrating transfusion episodes and clinical lab results for site selected tests. User can request the report for specific patients and date ranges or specify that reports should be printed for all patients transfused within a specified date range. |

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| **IU#** | **Functionality** | **Description of Intended Use** |
| P94 | Patient - Management/Quality Improvement | Hard copy listing of patients who have been transfused for a specified treating specialty, for a specified date range. |
| P95 | Patient - Management/Quality Improvement | Report of all units transfused within a specified date range, sorted in alphabetical order by patient, and in chronological order for the specified disposition dates. Report includes patient name and SSN, unit ID, component, # in pool if appropriate, volume, inspection information, issue location, transfusion date/time and transfusion reaction information. |
| P96 | Patient - Management/Quality Improvement | Report of all units transfused within a specified treating specialty, a specified component and a specified date range, sorted by treating specialty, then by component, then alphabetically by patient. Report includes patient transfused, transfusion date/time, primary care physician, cost, unit ID and statistics for each treating specialty on # patients given RBC components, # patients given non-RBC components and cost. |
| P97 | Patient - Records | Permanent on-line storage of Blood Bank data, i.e. data is not included in algorithm used for archiving patient test results. |
| P98 | Patient - Records | Hard copy listing of patients who have clinically significant antibodies. |
| P99 | Patient - Records | Hard copy listing of patients who have Blood Bank data for reference during computer downtimes. Report includes the patients historical ABO/Rh, any clinically significant antibodies or special instructions, and if requested, results of the most recent ABO/Rh and Antibody Screen. User can specify the range of patients and whether all patients with BB data should be included or if listing should belimited to those with antibodies or comments. |
| P100 | Patient - Statistics | Capture of workload information and feeds data to non-BB laboratory files which is subsequently used for a variety of local and national reports, including the CAP Laboratory Management Index Program and DSS. |