Marshfield Labs™
A division of Marshfield Clinic

# Laboratory News

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## UPDATES TO EMERGENCY BLOOD RELEASE FORM

*Kathy Puca, MD & Clint Borek, Manager, Transfusion Service*

The Marshfield Labs **Emergency Blood Transfusion Release** form for authorization to release emergent/uncrossmatched RBC units from the Marshfield Labs Transfusion Service has been revised. See **EXAMPLE** on page 2.

The revised form has been streamlined and standardized for use at all acute care Marshfield Clinic Health System (MCHS) hospitals.

The form will accompany any emergent/uncrossmatched Red Cells issued to the patient care area. Per FDA and regulatory requirements, the form must be signed by the ordering provider authorizing the release of the Red Cell units prior to completion of testing. Signing of the form may occur once the patient is stable. The signed form must be placed in the patient's paper chart.

There are no changes in the process for what is required from nursing staff or providers.

### ASKS

- **Nursing Staff** – When receiving emergent/uncrossmatched Red Cells for transfusion, hand off form to provider for signing.

- **Providers** – Sign form when time allows. Give signed form to HUC to place with patient's paper chart for scanning into the medical record.

### CONTACTS

- Clinical and technical information:
  Kathy Puca, MD or Clint Borek, Manager, Transfusion Service.
- Phone number: 1-800-222-5835.

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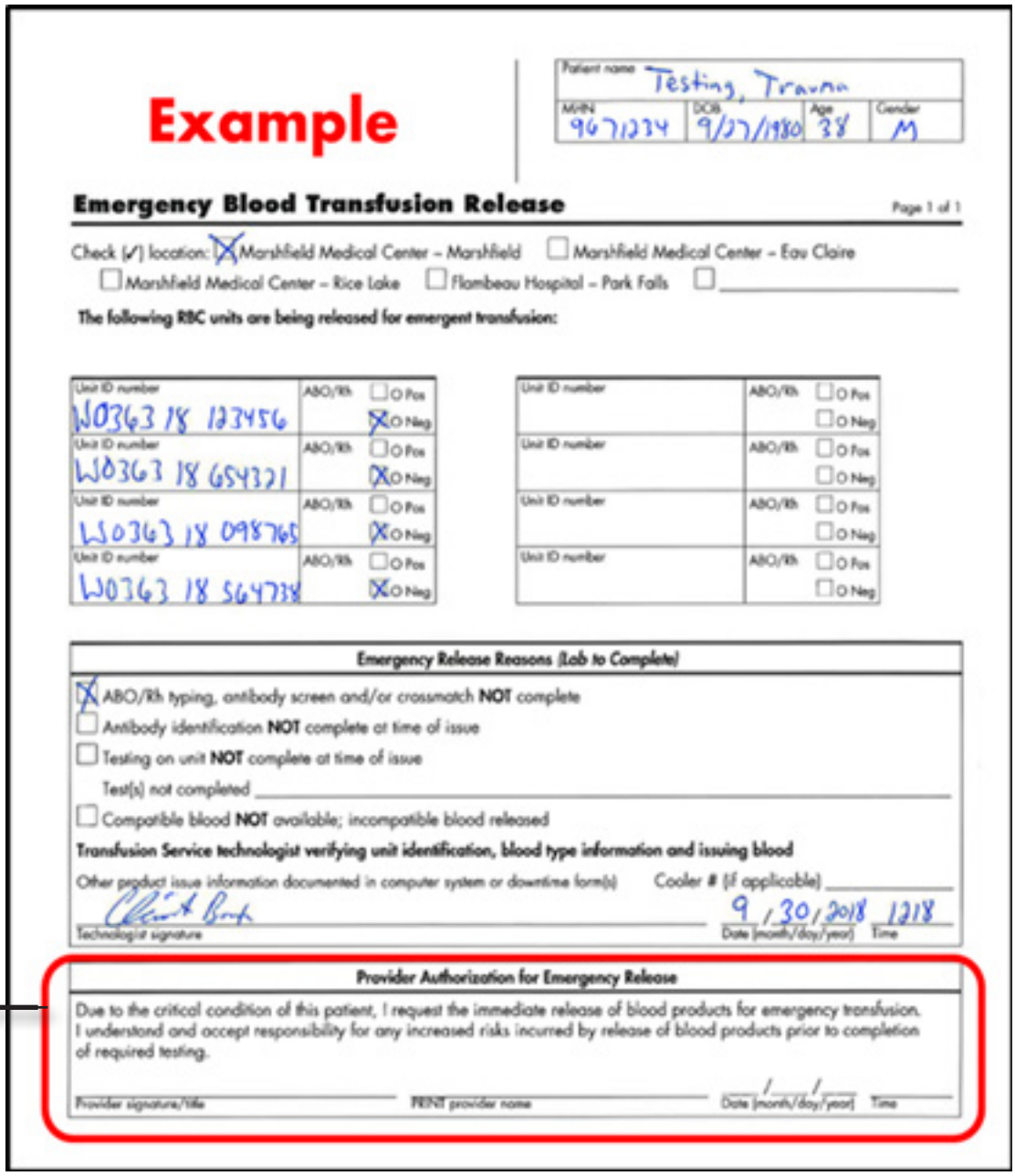
EXAMPLE: Marshfield Labs Emergency Blood Transfusion Release Form



Example

Patient name: Testing, Trauma
MRN: 9671234 DOB: 9/27/1980 Age: 38 Gender: M

**Emergency Blood Transfusion Release** Page 1 of 1

Check (✓) location: [X] Marshfield Medical Center – Marshfield [ ] Marshfield Medical Center – Eau Claire
[ ] Marshfield Medical Center – Rice Lake [ ] Flambeau Hospital – Park Falls [ ] _____

**The following RBC units are being released for emergent transfusion:**

| Unit ID number | ABO/Rh |
|---|---|
| W036318123456 | [X] O Neg |
| W036318654321 | [X] O Neg |
| W036318098765 | [X] O Neg |
| W036318564738 | [X] O Neg |

**Emergency Release Reasons (Lab to Complete)**

[X] ABO/Rh typing, antibody screen and/or crossmatch **NOT** complete
[ ] Antibody identification **NOT** complete at time of issue
[ ] Testing on unit **NOT** complete at time of issue
Test(s) not completed _____
[ ] Compatible blood **NOT** available; incompatible blood released

**Transfusion Service technologist verifying unit identification, blood type information and issuing blood**

Other product issue information documented in computer system or downtime form(s) Cooler # (if applicable) _____

Technologist signature 9/30/2018 1218 (Date [month/day/year] Time)

**Provider Authorization for Emergency Release**

Due to the critical condition of this patient, I request the immediate release of blood products for emergency transfusion. I understand and accept responsibility for any increased risks incurred by release of blood products prior to completion of required testing.

Provider signature/title PRINT provider name Date [month/day/year] Time

Provider Signature

- **Nursing Staff** – When receiving emergent/uncrossmatched Red Cells for transfusion, hand off form to provider for signing.
- **Providers** – Sign form when time allows. Give signed form to HUC to place with patient's paper chart for scanning into the medical record.



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# MICROBIOLOGY UPDATE ON TEST CHANGES

*Thomas Novicki, PhD, DABMM; Clinical Microbiologist;*
*Mary Stemper, MS, Microbiology Technical Director*

Effective October 1, 2018, the Microbiology laboratory changed the method used for the detection of *Legionella* species and *Ureaplasma/Mycoplasma* species. Conventional culture methods will be replaced by PCR assays which are now considered the gold standard based on their accuracy and speed.

*Legionella* culture (LEG) will be replaced by ***Legionella species*** **PCR (Test code: LEGPRSO)** for the detection of *Legionella species* from bronchial fluids, lung tissue, pleural fluid, sputum, transtracheal aspirate, or tracheal secretions.

*Ureaplasma/Mycoplasma* Culture (UREA) will be replaced by the following alternative PCR tests depending upon the clinical indications:

- ***Ureaplasma species*** **PCR (Test code: UURSO)**
  For detection of *Ureaplasma urealyticum* and *Ureaplasma parvum* from genitourinary, reproductive, bone and joint, and lower respiratory sources.

- ***Mycoplasma genitalium*** **PCR (Test code: MGRPSO)**
  For detection of *Mycoplasma genitalium* from genitourinary and reproductive sources.

- ***Mycoplasma hominis*** **PCR (Test code: MHRPSO)**
  For detection of *Mycoplasma hominis* from synovial fluid, genitourinary, reproductive, lower respiratory sources, pleural/chest fluid, pericardial fluid, and wound specimens.

In addition to the changes above, Cystic Fibrosis cultures will be discontinued at Marshfield Labs and replaced by **Culture, Cystic Fibrosis w/susceptibility (Test code: CFRCSO)** performed at Mayo Medical Laboratories. Results from Mayo will be reported in CMR under Miscellaneous with a comment to see separate report scanned in Other Lab Documents. Note that preliminary as well as updated final results will display in this location.

## QUESTIONS

If clinical or technical questions regarding these changes, please contact:

- Thomas Novicki, PhD or Mary Stemper, MS, MT(ASCP).
- Phone number: 1-800-222-5835.