BLOOD ORDER INSTRUCTIONS

1. ORDERING BLOOD COMPONENTS

1.1. Hospitals may place their orders at any time, twenty-four (24) hours a day, seven (7) days a week, including holidays, by utilizing our online ordering system. Alternatively, orders may be placed via phone during regular business hours by calling SCBC Distribution at (706) 733-6760 or by faxing to (706) 738-1603. Orders may also be placed by following the weekly-distributed On-Call schedule during non-business hours.

1.1.1. Please utilize the appropriate order forms when necessary (G8.1F Daily Blood/Component Inventory Request – In Town OR G8.2F Daily Blood/Component Inventory Request – Out of Town)

1.2. When hospitals place their calls to Distribution, the caller must identify himself/herself by name and facility.

1.3. Order must be specific as to the hospital's need.

1.4. Urgency of delivery must be specified. SCBC offers three (3) types of deliveries: Routine, ASAP, STAT

1.4.1. **ROUTINE:** Orders will be filled and delivered according to your next delivery date as scheduled; order will be filled and courier is on the way within three (3) hours from the time the order is placed.

1.4.2. **ASAP:** Orders are filled and courier is on the way within one and a half (1 ½) hours from the time the order is placed.

1.4.3. **STAT:** Orders will be filled and courier is on the way within thirty (30) minutes from the time the order is placed. After hours courier will leave Center within 30 minutes of packing order.

1.5. All orders will be filled according to availability. Back orders may become necessary due to lack of product availability. However, every effort will be made to fill back orders through resource sharing within or outside our service area. At the time of order, the hospital will be informed of products that are on back order.

1.6. SCBC offers the use of a courier for all deliveries. Please specify if you will need our courier service or if you will provide your own.

2. RECEIVING AND CHECKING IN ORDERS

2.1. Upon receiving the blood, the blood bank technologist should compare the following information on the invoice to the information on the actual unit(s). ANY discrepancies must be reported to SCBC Distribution immediately (706-733-6760).

2.1.1. Unit Number

2.1.2. Expiration Date

2.1.3. Blood Type

2.1.4. Product Type

2.2. One temperature check will be requested quarterly. Reporting form will be included with shipment.

2.2.1. Place the sensing end of a calibrated thermometer between two (2) units of blood components.

2.2.2. Secure units and thermometer together with a rubber band and place back in the shipping container with other units in the shipment.

2.2.3. Read the thermometer after five to ten (5-10) minutes and record the temperature on Form G2.2F "Blood Shipment Temperature Report."

2.2.4. Frozen components must also be transported in a manner to sustain appropriate temperature. Cover the product with equal volume of dry ice versus frozen product.

2.3. Acceptable temperature range of units in transit

2.3.1. Whole blood and packed cells: 1-10°C

2.3.2. Platelets: 20-24°C

2.3.3. Frozen products: -18°C or below

3. RETURNS AND TRANSFERS

3.1. The goal of the return policy is to allow maximum utilization of the community's blood resources while minimizing outdate of these same resources.

3.1.1. Most packed cells and leukoreduced packed cells issued by SCBC may be returned for full credit.

3.1.2. To receive full credit, the returned red blood cell product must have a minimum of ten (10) full days of shelf life remaining.

3.1.3. Products that will NOT be credited if returned include:

3.1.3.1. Frozen Plasma

3.1.3.2. Apheresis Platelets

3.1.3.3. Cryoprecipitate AHF

3.1.4. Exceptions may be made on any product if the hospital has a discrepancy or problem with the product. If there is a question, please consult with the Hospital Service Coordinator at 706-733-6760.

3.1.5. Products being returned to SCBC must have any hospital stickers removed before returning them. The SCBC-placed unit label must not be defaced in any way including any kind of writing.

3.1.6. A visual inspection must be done on all units prior to return.

3.1.7. Returned units must be accompanied by a completed "Manual Shipment Invoice" (Form G19.0).

3.1.8. The hospital technologist initiating the "Manual Shipment Invoice" must sign the statement indicating the products were appropriately stored at the facility; specifically 1- 6°C for RBCs, 20-24°C with agitation for platelets, and -18°C or cooler for frozen plasma products.

3.1.9. Please notify Hospital Services if you have return product(s) so the appropriate shipping/packing can be provided.

3.1.10. All shipping containers provided by SCBC are reusable.

4. FORMS

- G8.1F DAILY BLOOD/COMPONENT INVENTORY REQUEST – In-Town
- G8.2F DAILY BLOOD/COMPONENT INVENTORY REQUEST – Out-of-Town
- G19.0F MANUAL SHIPMENT INVOICE
- G2.2F BLOOD SHIPMENT TEMPERATURE REPORT