Transfusion Services Banding Policy

- 1. All tubes, identification card and patient band **MUST** have the following information: Full name, date of
 - birth, Blood Bank Band number, initials of person drawing blood, and date.
- 2. Patient should have only one Blood Bank Band on during the hospital admission. If a second specimen is needed, the new tube must contain the information listed in #1.
- 3. Proper Procedure for Blood Bank Banding (see example of form below):

Blood Bank Nu Nº 168200		Southwest Ge	eneral	M	18697 Bagley Road liddleburg Hts., OH 44130	
Recipient Informa	tion: Surg. Date:	Prev. Tran	s. 🗆 Yes	□ No	If yes, When	
Name: Doe	, John					
Birthdate: 12-			Blood Dr	awer Initial	s Cur	
Doctor: Wel	sh, Todd		Date	-1-11		
Are autologous o	r directed units avai	lable for this patient?	☐ Yes ☐ I	No H	How many?	
PROPER PROCEDURE FOR BLOOD BANK BANDING OF INTENDED RECIPIENT:						
(1) Blood used for compatibility testing must contain the following information on the card, the patient band and the tube: (a) Recipient's first and last name (b) Today's Date (c) Patient Date of Birth (Please mark as "DOB mo/day/year") (d) Blood Bank Number (e) Initials of person who drew the blood						
inserte	Label the perforated tab at the bottom of this form to include all of the information in #1. The band should immediately be inserted into a hospital bracelet and affixed to the recipient's wrist. The blood bank card then accompanies the specimen to the laboratory.					
	ient is already banded, do not re-band the patient. Draw a new specimen and label it as in #1.					
(4) Any dis for reje 735058 805	(4) Any discrepancy or missing information between the specimen tube, band card, or red BB ID band is immediate cause for rejection and a new specimen will need to be drawn.					
		insert into bracelet. ub at dotted line.	Today's Date - Patient Name: D 0		no 1682	200