Summary. This pamphlet supplements the United States (U.S.) Military Emergency Blood Program (EBP) in Korea as outlined in USFK Regulation 40-31. This pamphlet provides example templates, documents, and procedures for use by component end users for the operation and management of the Korea Area EBP in meeting contingency requirements for the United States Forces Korea (USFK). Editable/useable versions of the SOP documents may be obtained by contacting the USFK Surgeon’s Office.

Applicability. This pamphlet applies to all USFK elements in Korea and installations or garrisons in the Republic of Korea (ROK).

Supplementation. Further supplements to this regulation by subordinate commands are authorized so long as these minimum requirements are maintained. Prior review is encouraged from Korean Area Joint Blood Program Officer (KAJBPO), Headquarters (HQ) USFK, (FKSG), Unit #15237, APO AP 96271-5237, email: indopacom.humphreys.usfk.list.fksg@mail.mil
Forms. The forms associated with this program can be found in the JTS CPG #21 and throughout applicable chapters of this pamphlet.

Records Management. Records created as a result of processes prescribed by this regulation must be maintained and disposed of according to the Armed Service Blood Program Division current guidance. At time of this publication, that is use of Theater Medical Data Store-Blood Tab for maintaining Donor screening and Patient Transfusion records; and AHLTA for general medical care in a Theater of Operations. Contact the KAJBPO to ensure most current version of this document.

Suggested Improvements. The proponent of this regulation is Office of the Command Surgeon, HQ USFK (FKSG). Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to HQ USFK (FKSG), Unit #15237, APO AP 96271-5237, email indopacom.humphreys.usfk.list.fksg@mail.mil.

CONTENTS

Chapter 1
General, page 1

1-1. Purpose
1-2. References
1-3. Explanation of Abbreviations and Terms

Chapter 2
APPENDIX A from CPG 21: WALKING BLOOD BANK PROCESS MAP, page 1

Chapter 3
Example Procedure Emergency Whole Blood Collection Donor Pre-screening, page 3

Chapter 4
Example Procedure Emergency Blood Drive for Immediate Use, page 23

Chapter 5
Example Procedure Emergency Whole Blood Transfusion, page 45

Chapter 6
Testing Requirements and Donor Preference, page 57

Chapter 7
Example Donor Deferral Notification Letters, page 57

7-1. HIV Antibody Repeat Reactive, Western Blot Negative
7-2. HIV Antibody Repeat Reactive, Secondary Antibody Test Negative
7-3. HIV Antibody Repeat Reactive, Western Blot Positive
7-4. HIV 2 Antibody Repeat Reactive
7-5. HTLV Antibody Repeat Reactive, Secondary Antibody Test Negative
7-6. HTLV Antibody Repeat Reactive on Multiple Donation Attempts
7-7. HTLV Antibody Repeat Reactive, Confirmation Test Positive
7-8. HCV Antibody Repeat Reactive, Confirmation Positive
7-9. HCV Antibody Positive, Repeat Negative
7-10. HCV Antibody Repeat Reactive, Confirmation Not Performed/Available
7-11. HCV Antibody Repeat Reactive, Confirmation Negative
7-12. HBV Surface Antigen Positive
7-13. HBV Core Antibody Positive Multiple Donations, Surface Antigen Negative
7-14. Nucleic Acid Test (NAT) Positive
7-15. West Nile Virus Positive
7-16. Chagas Disease Antibody Positive, Confirmation Indeterminate
7-17. Positive Anti-D Antibody Screen
7-18. Positive Other Antibody Screen
7-19. Hepatitis B Core Antibody Positive, Nucleic Acid Test Positive
7-20. Syphilis Test Positive
7-21. Variant Creutzfeldt-Jakob Disease (vCJD) Travel Deferral

Chapter 8
TMDS Blood Training Slides, page 95
8-1. Introductory Slides  
8-2. Pre-screen Donor Registration  
8-3. Infectious Disease Testing Results and Deferral Entry  
8-4. Donor Roster Management  
8-5. Whole Blood Collection Entry  
8-6. Rapid Testing Result Entry  
8-7. Transfusion Disposition Entry  
8-8. Post Donation Infectious Disease Testing Result Entry  

Chapter 9  
USFK Emergency Blood Program Audit Checklist, page 118  

Chapter 10  
TMDS Blood Unit Request Form, page 121  

Glossary, page 122
Chapter 1
General

1-1. Purpose
This pamphlet supplements the United States (U.S.) Military Emergency Blood Program (EBP) in Korea as outlined in USFK Regulation 40-31. This pamphlet provides example templates, documents, and procedures for use by component end users for the operation and management of the Korea Area EBP in meeting contingency requirements for the United States Forces Korea (USFK). Editable/useable versions of the SOP documents may be obtained by contacting the USFK Surgeon’s Office.

1-2. References


b. USFK Regulation 40-31, Korean Area Emergency Blood Program (EBP).

1-3. Explanation of Abbreviations and Terms
Abbreviations and terms used in this regulation are explained in the glossary.

Chapter 2
APPENDIX A from CPG ID: 21: WALKING BLOOD BANK PROCESS MAP- Process map showing emergency whole blood collection steps. Specific details can be found in Joint Trauma Systems (JTS) Clinical Practice Guidelines (CPG), Whole Blood Transfusion (CPG ID: 21) at the following link:
APPENDIX A: WALKING BLOOD BANK PROCESS MAP

Patient

- Medical Authority (Chief of Trauma or Operating Surgeon) and Area Joint Blood Program Officer
- Medical Personnel (nurses, medics) or Lab Personnel (if available)
- Preventive Medical Teams (JBPO, ASBP, MTF)

1. Indications
- 1a. Clinical determination of the need for FWB
- 2a. Request/notification for emergency collection of type-specific FWB
- 3. ABO typing of the casualty*
- 3a. Donor blood typing*
- 4. Identification of potential donors
- 4a. Blood donor criteria
- 5. Screening of donors
- 6. Collection of FWB
- 7. Processing of the collected sample (for shipment back to CONUS for retrospective testing of infectious disease)
- 8. Release of FWB
- 9. Monitoring of ongoing requirements of FWE
- 10. Cessation of FWB
- 11. Donor notification and counseling of positive infectious disease (positive result matrix & notification letter)
- 12. Follow up testing at 3, 6, and 12 months and counseling required for recipients of emergency collected FWB

*Low Titer Whole Blood (LTOWB) was approved as the universal blood product for resuscitation of exsanguinating hemorrhage. (Refer to resource #3 below.)

NOTE 1: Documentation of FWB collection/transfusion [maintain running log of pre-screened donors, data entry into TMDS, etc.] done throughout WB8 procedure.

NOTE 2: Recommendation is for the 4 staff members (if available) to screen, collect and process whole blood units from 8-10 donors.

Resources
- JTS CPG Whole Blood Transfusion – URL
- JTS CPG Damage Control Resuscitation, 03 Feb 2017
Chapter 3
Example Procedure Emergency Whole Blood Collection Donor Pre-screening
Example procedure for conducting emergency blood donor prescreen. Outlines basic steps for collecting donor samples for infectious disease testing and can be used as a starting point for organizations establishing their own emergency blood programs. Editable copy available from the USFK Surgeon Office, Korea Area Joint Blood Program Officer (indopacom.humphreys.usfk.list.fksq@mail.mil) to allow for tailoring to individual organization’s programs.
# EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

## Overview, continued

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<th>Purpose</th>
<th>To standardize the Pre-screening of Emergency Whole Blood Donor</th>
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<td>Principle</td>
<td>Donor suitability must be determined using the donor’s medical history and limited physical examination. A copy of “Donor Educational Material” will be given to each donor with ASBP 572: Emergency Whole Blood (EWB), appendix 6.</td>
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<tr>
<td>Safety</td>
<td>Follow all guidelines found in a defined bloodborne pathogen safety plan. In the absence of a bloodborne pathogen safety plan, follow universal precautions.</td>
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EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Materials and Equipment
- ASBP 572- Emergency Whole Blood (EWB), appendix 6
- Clip Board(s)
- Gloves
- Testing Collection Set: premade bags with 2X2 gauze, 2 red top tubes, 4 purple top tubes
  Note: More tubes may be required if using short draw or small volume tubes
  Note: Gold/yellow top (serum separator) tubes may be substituted for red top tubes
  Note: If necessary, confirm tube requirements with testing facility and update this SOP accordingly
- Blood Collection Needle
- Tourniquet
- BD Vacutainer Hubs
- Coban
- Assigned Pre-Screen ISBT Labels (500 number series)
- Biohazard Bag(s)
- Sharps Container
- ABO/Rh Testing Card (e.g., Eldon Military Kit or other FDA-approved device)
- Centrifuge
- Disposable Pipettes
- Plastic Aliquot tubes/lids 13X100mm (or 12X75mm)
- Para-Film
- Trash Bag(s)
- Leak Resistant Chuck(s)
- Disposable Lab Coat
- Cold Pack(s)
- Test Tube Rack(s)

Form/Records
- ASBP 572- Emergency Whole Blood (EWB)
- Form 147- Eldon Card ABO/Rh Typing Record
- Form 148- Pre-Screen/Whole Blood Sample Shipping Manifest
- TMDS (Theater Medical Data Store), Blood Portal.
- USFK Card Donor Green (Universal).pub
- USFK Card Donor Red (Type Specific).pub

Quality Control
- Perform QC on ABO/Rh Testing Card. (If possible)
- Medical personnel should be trained by qualified personnel.

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EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Procedure: Perform the following steps when Pre-screening Donors:

1. Prepare for Donor Pre-Screening Event
   - Coordinate with appropriate units/contacts for times and location of event. May need to conduct a site survey to ensure appropriate site (e.g., space, lighting, privacy for interview). Samples need to be sent to ASBBC, Okinawa as soon as possible after collection, so prior coordination with transport assets is a must.
   - Note: Pre-screen donors registered into the WBB Program are preferably composed of active duty, active reserve, active National Guard, and other DoD beneficiaries.

2. Conducting the Pre-Screening Event
   - **Medical History:** Provide prospective donor an ASBP 572-EWB, appendix 6. Ensure demographic info is legible and as complete as possible.
   - **Interview:** Trained medical personnel will conduct a brief interview to determine if the donor is eligible to donate based on the information provided.
     - Note: ONLY GROUP A questions (1-8) on the ASBP 572-EWB must be completed by the donor for pre-screening.
     - If/Then Scenarios:
       - If: Response to question 1 is “Yes” AND Responses for questions 2-8 are “No”
         Then: Document acceptability of Group A question responses on ASBP 572-EWB and proceed to step 3.
       - If: There are any “Yes” responses for questions 2-8 and/or Response to question 1 is “No”
         Then: Document the reason for the “Yes” response (questions 2-8) or “No” response to question 1. Defer the donor and document unacceptability of Group A question responses on ASBP 572-EWB.
     - Note: If donor is being prescreened for a WBB or LTOWB program, Respond to questions 1-8 and sign at the bottom.
     - Note: WB units should not be collected from donors more frequently than every 8 weeks (56 days).

3. Gather Information for Donor ID Card
   - a. At time of medical interview/screening a photo will be taken and associated with the donor record and ISBT label number used for that specific donor. The photo will be taken when donor has been approved as eligible to donate by the person conducting the interview. This will be used when infectious disease testing is received to create card as the unique donor identification number.
   - b. Donor ID Card will have the following information at minimum: USFK Logo, Picture of Donor, Date Samples Collected, Donor Blood Type and colored red for type specific only blood or green for low-titer O blood donor, unique donor identification number based on prescreen ISBT label.

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EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Procedure (Continued)

4. Phlebotomy
   - Collect 4 purple Top and 2 Red Top tubes and label with small Pre-screen (500 number series will be used in theater) ISBT labels (without barcode).
   - Apply the same ISBT label number to the ASBP 572-EWB, appendix 6. If no ISBT labels available, label tubes with, at a minimum, the donor’s full name and DoD ID or SSN, as applicable.
     
     Note: If necessary, confirm tube requirements with testing facility.
   - donor’s full name and DoD ID or SSN, as applicable.

5. Register donor in TMDS per Manage Donations/Donors
   
   See steps below in section Maintain Database (TMDS)
   
   Note: Rapid Infectious Disease Testing is not required for the pre-screen of donors. If performed, see Emergency Whole Blood Collection SOP for instructions.

6. Perform ABO/Rh Testing
   
   a. Utilizing blood one of the purple top tubes, perform ABO/Rh confirmation using Eldon Card (or other FDA-approved method) to verify ABO listed on ASBP 572 EWB, appendix 6.
   
   b. Record Lot # of reagents, expiration date, and results on Form 147- Eldon Card ABO/Rh Typing Record, appendix 7.
   
   c. Record blood type in TMDS.

7. Processing Samples for Shipment & Testing
   
   a. Centrifuge 2 Red Top and 3 Purple Top tubes for 5 minutes at 4000 RPM, the 4th purple top is retained for ABO/Rh testing.
   
   b. Label three aliquot (pour off) tubes with corresponding small barcode ISBT Labels. Position the ISBT label vertically toward top of tube as shown below. Write “Serum” on one tube and “Plasma” on the other two tubes. If ISBT labels are not available, utilize the Donor’s DoD ID, SSN, or other unique identifier as appropriate to label the aliquot tubes.
   
   c. Place plasma from 3 Purple Top tubes into the 2 aliquot tubes labeled “Plasma”.
      
      * 3ml sample requirement per aliquot.
   
   d. Place serum from 2 Red Top tubes into the 1 aliquot tube marked as “Serum”. Do not fill over ¾ full to allow for expansion from freezing. Label one un-centrifuge Purple Top tube (Whole Blood) with corresponding small barcode ISBT Label.
EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Procedure (Continued)

e. The seal of capped aliquot tubes should be reinforced with para-film wrap and placed into a biohazard shipping bag or rack. If a rack is not used, rubber-band tubes from the same donor together. Repeat for each series.

f. Record sample and donor demographic data on Form 148- Pre-Screen/Whole Blood Sample Shipping Manifest, appendix 8. Include a printed manifest copy with shipment and e-mail to ASBHC, Okinawa, if possible.

g. Maintain the pre-screen ASBP 572-EWB, appendix 6, until the potential donor redeploy. As soon as possible, ship samples and Form 148 in a blood box (Collins Blood Box) with ice bag(s) to ASBHC, Okinawa. E-mail a copy of the manifest to ASBHC, Okinawa, if possible, and notify them via phone to alert incoming shipment.

Note: If shipment is delayed, freeze the samples until they can be shipped to ASBHC, Okinawa to perform FDA-approved testing.
See Specimen Submission Guide. (Armed Services Blood Bank Center, Okinawa)

h. Enter results into TMDS.

Note: The prospective donor is NOT considered pre-screened and fully qualified for FWB donation until negative or non-reactive testing results are received from a testing facility and results are entered into TMDS. Eligible donors can be verified utilizing TMDS.

Note: Testing for type O donors may include anti-A and anti-B titer testing. The titer testing must be coordinated with the testing facility prior to sample shipment. Donor should not be used as a universal type O whole blood donor until titer results verify low titer status.

i. Any positive testing that is received by testing facility unit will be forwarded to Preventive Medicine Consultant or applicable Healthcare Provider to ensure proper donor care and follow-up is initiated. At no time will laboratory staff notify donors directly regarding positive resting results.
# EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

## Maintain Database (TMDS)

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<th>Action</th>
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| 1    | Transfer demographic information from the ASBP 572-EWB, appendix 6, and Form 147- Eldon Card ABO/Rh Typing Record, appendix 7, to Donor Management Database in TMDS. This will act as a deferral list or an eligible donor list when a whole blood drive is necessary. It is recommended that a hard copy of Donor Database and deferral list be printed monthly (or at some regular interval) for use during Emergency Whole Blood Collection when computer assets are unavailable. Information in database will be kept confidential.  

*Note: Ensure TMDS user is logged into TMDS under the correct blood facility account. For TMDS account, contact the Korean Area Blood Program Officer.*  

| 2    | To enter demographic data into TMDS, go to the Manage Donation tab and select Donate Product. Enter the Donor’s full name, date of birth (DOB), and DoD ID or SSN, as applicable, appropriate fields and click NEXT.  

| 3    | In Demographic area, enter donor’s ABO/Rh, DOB, nationality and branch. Military unit and contact instructions may also be entered in the demographic information fields. Enter donor’s redeployment date if known along with further contact information. In the Donation information area, enter the pre-screen date, document status of ASBP 572-EWB completion, donor’s ABO/Rh and Donor Identification Number (DIN). Click ADD PRODUCT(S).  

*Note: If any of the TMDS auto-populated information fields in demographic information area is incorrect, contact the KAJBPO for guidance.*  

*Note: The donation Location field information will be auto-populated within TMDS.*  

| 4    | In the product description field, enter E9999V00 (pre-screen). In the expiration date field, enter a date 90 days from date of collection and click Add Product.  

| 5    | Verify donation ID, product description, product type, ABO/Rh and expiration date are correct, then click NEXT.  

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USFK PAM 40-31, 16 June 2020
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<td>Carefully re-verify all demographic data that populates on the screen, then click Confirm Donation. Prospective donor is now entered in TMDS.</td>
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<td>7</td>
<td>From Manage Donation tab, select Update Donation. Enter donation ID number and click NEXT.</td>
</tr>
<tr>
<td>8</td>
<td>Enter ABO/Rh test result and date tested from Form 147 or ASBP 572-EWB under Rapid Testing Results. In “Samples sent to” field, select unit from pull down menu and enter the date samples were sent out from the collection facility. Now click Update Tests.</td>
</tr>
<tr>
<td>9</td>
<td>To register another donor, select Donate Product under Manage Donation tab and repeat process above.</td>
</tr>
<tr>
<td>10</td>
<td>Once pre-screen donations have been created utilizing the process above, a re-deployment date must be entered to ensure the active donor list will auto-update upon donor’s departure from theater. To accomplish this, select Manage Donor from beneath Manage Donor tab. SSN (or DoD ID as applicable) and click Next. Select re-deployment date from the calendar tool in the “Update Re-deployment Date” field and click Update Donor. Once the displayed entry is confirmed to be correct, click Confirm Update. TMDS will now remove donor from active donor list on the re-deployment date that was entered.</td>
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| 11   | ASBCC, Okinawa will forward results to submitting facility. Donor alerts will also be activated by unit, as necessary. This data, once populated, will be the basis by which potential donors will be deemed fully qualified for Fresh Whole Blood (FWB) donations, should the need for a Walking Blood Bank (WBB) arise at our facility.  

*Note: Investing time and care into building a donor pool will make performing whole blood drives easier and safer when the time comes.*

Remember whole blood must be transfused O low titer (universal donor) or type specific.
## EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

### Issue Donor Card

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<td>Once TMDS entry is completed, verify again all infectious disease tests are negative and donor is low-titer O or type specific donor again, using ISBT number for prescreen. This can be done using either Manage Donation-Update donation using the ISBT number or Manage Donor-View Donor and the donor name or SSN in TMDS-B.</td>
</tr>
<tr>
<td>2</td>
<td>Open the appropriate .pub file (USFK Card Donor Green (Universal).pub for low-titer O donors or USFK Card Donor Red (Type Specific).pub for type specific donors. Examples of these cards can be seen.</td>
</tr>
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<td>3</td>
<td>Enter the associated ISBT number in the number block immediately under the USFK Logo. Number will be 13 digits long and begin with a W0221.</td>
</tr>
<tr>
<td>4</td>
<td>Enter the date of collection in the block immediately under the 13 digit number.</td>
</tr>
<tr>
<td>5</td>
<td>Place the associated picture for the donor over the centurion picture in the top right.</td>
</tr>
<tr>
<td>6</td>
<td>Print the card according to your specific card printing mechanism and laminate if appropriate.</td>
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<tr>
<td>7</td>
<td>Verify all information for the associated card is correct (right photo with right ISBT number, with right collection date, with right blood type. Note: it is preferred a second person performs a second check if time and personnel are available.</td>
</tr>
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<td>8</td>
<td>Repeat steps 1-7 for all cards associated with the prescreen event.</td>
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<td>9</td>
<td>Sort the cards in order of ISBT numbers for donors and return cards to requesting organization leadership. Note: it is preferred this will occur with personnel who will be able to recognize discrepancies between name and sign in roster where ISBT numbers are issued.</td>
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<tr>
<td>10</td>
<td>Requesting organization then issues card to donor, maintains electronic and local roster, and conducts routine inspections according to own internal SOPs to ensure availability when needed.</td>
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EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

References

- Joint Trauma System Clinical Practice Guideline (JTS CPG), Whole Blood Transfusion (CPG ID: 21)
- AABB Standards for Blood Banks and Transfusion Services, current edition
- Theater Medical Data Store (TMDS) Version 2.10.3.0 System User's Manual
- Armed Services Blood Bank Center, Okinawa Japan. Specimen Submission Guidelines, current ver.

Appendices

1. Annual Review
2. SOP Validation
3. Coordination and Implementation
4. Training Documentation
5. Change Control
6. ASBP 572-EWB (Emergency Whole Blood)
7. Form 147- Eldon Card ABO/Rh Typing Record
8. Form 148- Pre-Screen/Whole Blood Sample Shipping Manifest
9. Example Donor Cards
EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Annual Review

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EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
SOP Validation

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Coordination and Implementation

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<tr>
<td>Preparer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Document Control

The total number of copies made for local use is ____ and their locations are:

<table>
<thead>
<tr>
<th>Copy #</th>
<th>Location</th>
<th>Copy #</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td></td>
<td>11</td>
</tr>
</tbody>
</table>

Date Rescinded

This procedure was rescinded on _____________. All copies listed above have been retrieved and archived/destroyed as appropriate.

<Unit Name>
DD MMM YYYY

Copy ___ of ___
EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Training Documentation

Purpose
To document training for implementation and procedural changes.

Training Documentation
Includes, at a minimum, the following information:

<table>
<thead>
<tr>
<th>Training date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of training</td>
</tr>
<tr>
<td>Implementation date of the SOP</td>
</tr>
<tr>
<td>Instructor</td>
</tr>
<tr>
<td>Trainees' printed names, signatures, and initials</td>
</tr>
<tr>
<td>Verification that all personnel currently performing the task have been trained</td>
</tr>
</tbody>
</table>

Note: Training of SOP does not imply competency. Competency assessment completed per facility-established protocols.

Personnel Record Documentation
Include documentation of the training in each employee record.

Records/Forms
Facility-specific records and forms.

<Unit Name>
DD MMM YYYY

Copy __ of __

16
USFK PAM 40-31, 16 June 2020
## EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

### Change Control

<table>
<thead>
<tr>
<th>Facility</th>
<th>&lt;Facility Name and Address&gt;</th>
</tr>
</thead>
</table>

### Procedure Information

The following procedure information will be required:

<table>
<thead>
<tr>
<th>Procedure No.</th>
<th>Revision Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Emergency Whole Blood Collection Donor Pre-Screening</td>
<td></td>
</tr>
<tr>
<td>Total Pages: 8</td>
<td>Date Implemented:</td>
</tr>
</tbody>
</table>

### Nature of Change

### Coordination Signatures

This procedure has been reviewed by the following individuals at the local facility:

<table>
<thead>
<tr>
<th>Coordinated with...</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory, XO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commander</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Training Documentation

All applicable staff personnel have been trained on the changes. Documentation of training has been verified by:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Emergency Whole Blood Donor Pre-Screening

## Appendix 6. ASBP 572- Emergency Whole Blood (front)

### Pre-Screen / Emergency Whole Blood Donation Record

| Today's Date | Name (Last, First, Middle Initial) | Randome | USA | USAF | NES | Sex: DOD ID | ABO Rh (Blood Type) | SED: | DOD (If MMRV at) | mailing Address | Email Address: | P.O. Box | PHONE NUMBER |
|--------------|------------------------------------|---------|-----|------|-----|-------------|---------------------|------|----------------|----------------|---------------|-----------|-------------|-------------|

**Group A Questions (ALL DONORS Must Complete)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used and do you understand the educational materials provided to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have you ever used tobacco, alcohol, or any substance not prescribed by your doctor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you taken any of the medications listed on the bottom of this form?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had a positive test for the HIV/AIDS virus?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date Due:** Document resides and eligibility below for walking blood back (WBB) and/or blood group O whole blood (LGOWB) donor program.***

**DONORS: If you are being pre-screened for a WEB or LTOWB program, STOP! Answer no more questions and sign at the bottom if you are about to donate a unit of blood, proceed to Group B Supplemental Questions and sign at the bottom.**

### Group B Supplemental Questions (Complete if Donating a Unit of Blood Today)

<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Are you feeling healthy and well today?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Female donors: Have you ever been pregnant or are you pregnant now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Female donors: Have you had sexual contact with a male who has had sexual contact with another male?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Male donors: In the past 12 months, have you had sexual contact with another male?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Are you currently taking medications for blood pressure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Are you currently taking any medications for an infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Have you had physical contact with someone who was vaccinated for smallpox in the past 12 weeks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. In the past 48 hours, have you taken aspirin or anything that has anti-aggregate properties?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. In the last 12 weeks, have you donated blood, plasma, or platelet?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Temperature</th>
<th>Blood Pressure</th>
<th>Pulse</th>
<th>Hemoglobin</th>
<th>Weight</th>
<th>Vital Signs Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F/°C</td>
<td>(95-105/65-85°)</td>
<td>(90-209 Hg)</td>
<td>M: 13.0 g/100 ml</td>
<td>M: 150 lbs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(90-209 kpa)</td>
<td>( Mikhail, 31-54 kpa)</td>
<td>( Mikhail, 69-114)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reviewed (Signature):**

I certify that I have answered the questions honestly, had an opportunity to ask questions, consent to donating blood today and that my blood is safe to be transfused. If I am donating a unit of whole blood today, my blood will NOT be used for viral diseases prior to transfusion due to the emergency situation. If for any reason I feel that my blood may not be safe, I will not donate today.

---

**Donor's Signature**

Date

**<Unit Name>**

**DD MMMM YYYY**

Copy __ of __ 15
EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Appendix 6. ASBP 572- Emergency Whole Blood (back)

DONOR EDUCATIONAL MATERIAL

Blood donation is a voluntary process requiring the collection of approximately 450-300 mL of blood. The usual collection time ranges from 5 to 10 minutes. Complications at the venipuncture site may include, but are not limited to: discomfort, bruising, swelling, or infection. Other complications could occur during or after your donation such as: fatigue, light-headedness, dizziness, nausea, vomiting, and/or fainting. On very rare occasions, a more severe reaction may occur.

MEDICATION LIST: Donors SHOULD NOT discontinue medications prescribed by their physician in order to donate blood. Certain medications in your system can cause harm to sick patients if your blood is transfused. If your last dose of the following medications was taken within the timeframe listed, you should not donate today or should you participate in a walking blood bank program because the medication has not cleared from your system.

Pre-screen or Donating Blood Today:

<table>
<thead>
<tr>
<th>Rituximab</th>
<th>Oxidoreductase</th>
<th>Bovine Insulin, Human Growth Hormone, Testosterone</th>
<th>Ever in your life</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years</td>
<td>3 years</td>
<td>7 days</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Donating Blood Today (must screen donor for drugs below AND Hit above if donating whole blood):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Eligquel, Felodipine, Flaviram, Lovastin, Peridex, Serevax, Zerolo</td>
</tr>
<tr>
<td>2 years</td>
</tr>
<tr>
<td>Rivaroxab, Ticoid, Zolmitryl</td>
</tr>
<tr>
<td>14 days</td>
</tr>
</tbody>
</table>

Your signature on the other side of this form acknowledges that you understand the questions and this educational material and that you agree to not donate any blood products if you are at risk of transmitting Human Immunodeficiency Virus (HIV) or any other virus. We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately on the other side of this form. If you do not understand a question, ask a staff member. All information you provide is confidential. It is critical that you start your unit provider or nurse if any of your responses change or if you have any concerns about the safety of your blood. This will facilitate notification and follow-up testing for the recipient if needed.

Your blood will be tested for several types of viral markers including Hepatitis B, Hepatitis C, HIV, syphilis and other infections. You will be notified about any positive test result which may disqualify you from donating in the future, and your name will be entered onto a list of permanently deferred donors. If testing does not occur (due to specimen acceptability) or if testing results are not clearly positive or positive, your name may be placed on a deferral list without you being informed until the results are further clarified. For active duty personnel and reservists, positive screening and confirmatory results will be forwarded to appropriate medical personnel for further evaluation and “fitness for duty” determination (if required).

HIGH RISK BEHAVIORS:

Certain diseases such as HIV/AIDS and hepatitis can be spread through sexual contact OR by sharing drug needles and syringes. These viruses can enter your blood stream and can be transmitted to another person who is transfused with your blood, plasma, or platelets. Sexual contact includes: Vaginal contact (contact between penis and vagina), oral sex (mouth or tongue on someone’s vagina, penis, or anus), and anal sex (contact between penis and anus). YOUR BLOOD CAN TRANSMIT DISEASES, including HIV/AIDS, even if you feel well and all your tests are normal. This is because even the best tests cannot detect the virus for a period of time after you are infected.

DO NOT DONATE IF YOU:
- Have AIDS or have ever had a positive HIV test
- Have ever used needles to take any drugs not prescribed by your doctor
- Are a male who has had sexual contact with another male in the past 12 months
- Have ever taken money, drugs or other payment for sex
- Have had sexual contact in the past 12 months with anyone described above
- Have had syphilis or gonorrhea in the past 12 months
- Have been in juvenile detention, lockup, jail or prison for more than 72 consecutive hours in the past 12 months

THANK YOU FOR DONATING BLOOD!
EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Appendix 7. Form 147-Eldon Card ABO/Rh Typing Record

Rapid ABO/Rh Testing

<table>
<thead>
<tr>
<th>Assigned Unit #</th>
<th>Eldon Card ABO/Rh Typing</th>
<th>Tech Initials</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LOT #: EXP Date: Stored at 5 - 37 °C Yes / No (circle one)

QA Review __________________________ Date ____________

OIC Review __________________________ Date ____________

65th MDSS Camp Humphreys
Form 147

<Unit Name>
DD MMM YYY Copy __ of __

USFK PAM 40-31, 16 June 2020
# Emergency Whole Blood Donor Pre-Screening

Appendix 8. Form 148 – Pre-Screen/Whole Blood Sample Shipping Manifest

Pre-screen/Whole Blood Sample Shipping Manifest

<table>
<thead>
<tr>
<th>Blood Unit Number</th>
<th>ABO/Rh</th>
<th>Donation Date</th>
<th>Donor Information</th>
<th>Donation Type (FWB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID (WO40)</td>
<td>YR</td>
<td>Unit ID #</td>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Include copy of this manifest with the sample being sent to the A3BBIC. Keep the original copy in your records, do not send the original.

95th MDSS, Camp Humphreys

Form 148

---

*Unit Name*

<DD MMYY>

Copy ___ of ___
EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Appendix 9. Example Donor Cards

If found please return to nearest medical facility or medical personnel.

USFK UNIVERSAL WHOLE BLOOD DONOR

USFK Type X WHOLE BLOOD DONOR
Chapter 4
Example Procedure Emergency Blood Drive for Immediate Use
Example procedure for conducting emergency blood drive for collection of immediate use whole blood. Outlines basic steps for collecting whole blood and can be used as a starting point for organizations establishing their own emergency blood programs. Editable copy available from the USFK Surgeon Office, Korea Area Joint Blood Program Officer (indopacom.humphreys.usfk.list.fksq@mail.mil) to allow for tailoring to individual organization’s programs.

Immediate Emergency Blood Drive

Overview

| Facility Identification and Address | USFK Camp Humphreys, Korea APO, AP 96205 |

Purpose
To outline the procedure for executing an immediate emergency whole blood drive at Point of Injury (POI) or during immediate need for blood as determined by the senior medical person on scene or facility. This Standard Operating Procedure/Operating Instruction (SOP/OI) is to be used as the instruction/review manual for a process/procedure that should be well rehearsed to the point of not needing the manual. The need for immediate blood may preclude the ability of the emergency blood drive practitioner to review this manual prior to execution. Rehearsal of this procedure to the point of rote execution is recommended! Failure of being proficient to the point of near automatic execution may result in loss of life, limb, or eyesight. Blood collected under this SOP/OI will be untested prior to transfusion and additional follow up of the Recipient (and potentially the Donor) is warranted.

Summary of changes
- New SOP

Approval signature
<Med Dir Name>
COL, MC
<Med Dir Title>

To ensure you have the most up-to-date contact the KAJBPO at:

NIPR DSN: 315-755-8449

<Unit Name> V. DD MMM YY

MASTER COPY LOCATED AT FKSG
Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Principle</th>
<th>To provide instructions on how to collect and transfuse whole blood units during immediate or emergent need.</th>
</tr>
</thead>
</table>

| Materials and Equipment | • Prescreened donor database or USFK prescreen ID card  
• Eldon Card or means to verify blood type of Donor and Patient  
• Blood pressure cuff or tourniquets  
• Gloves  
• Whole blood bag collection system  
• Hemostat clamps  
• Gauze  
• Coban  
• Sharps containers or means of sharps disposal  
• ChloraPrep One Step or other phlebotomy site cleaning swab/device  
• Tape  
• Scale / measuring device as available  
• Timer  
• Hand stripper  
• Chucks  
• Collins Box  
• Rubber band  
• Biohazard bag  
• Sharps container  
• Biohazard trash bin  
• Wet ice or dry ice  
• Plastic bags for wet ice  
• Packing tape  
• Medical Material Shipment Label |

| Forms | • ASBP 572-EWB (Emergency Whole Blood), appendix 1  
• Form 147- Eldon Card ABO/Rh Typing Record, appendix 2  
• Form 148- Pre-Screen/Whole Blood Sample Shipping Manifest |

MASTER COPY LOCATED AT FKSG
# Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Activating the Emergency Whole Blood Collection</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>The decision to execute an emergency whole blood drive is a medical decision and will be made by the senior medical person in the area who has knowledge of both the clinical situation of the personnel impacted and the availability of compatible blood products.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Refer to the Prescreen Donor List or Donor ID card to find compatible Donor to the Patient. Donor and Patient should be either an exact match for ABO blood type or Donor must be a low titer O Donor.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>For Patient Safety, even if using a verified Donor ID card: To the greatest extent possible, blood type of Donor and Recipient must be verified prior to transfusion using Eldon Card or other means of blood typing to ensure ABO mismatch does not occur.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Take measures not to deplete the supply of available donors. Collect only enough whole blood to manage Patient until evacuation to Role II+ care.</td>
</tr>
</tbody>
</table>

*Note: Donors are deferred for 56 days (8 weeks) post donation of whole blood per AABB and FDA regulations.*

<Unit Name>
V: DD MMM YY

MASTER COPY LOCATED AT FKSG
## Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Donor Registration and Screening</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>When a donor arrives at the emergency whole blood drive, verify that the donor has a valid form of ID, has been pre-screened, and is not on the deferral list. <strong>NOTE:</strong> Prescreen ID card may serve to meet all Donor Registration and Screening criteria. Upon presentation of card, WBB personnel may: use in lieu of other documentation; ensure blood types of Donor and Patient match or Donor is low titer O; and collect a unit of whole blood and transfuse.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>As tactical situation allows, have the potential Donor fill out an ASBP 572-EWB, appendix 1. At a minimum, the WBB collector must document Donor’s full name, DOB, DOD ID or SSN, as applicable, and a good means of contact (email, phone, etc). <strong>NOTE:</strong> Steps 3-6 below may be omitted to save life, limb, or eyesight. Delay of evacuation or other care should not occur to conduct additional Donor screening. <em>Once Donor and Patient are determined compatible you may skip to “Whole Blood Collection.” This decision must be made by the senior medical personnel in the area and documented on the ASBP 572-EWB.</em></td>
</tr>
</tbody>
</table>
|                                 | 3    | Review the ASBP 572-EWB.  
  - Ensure that the Donor’s information and demographics are complete and correct.  
  - Verify that the donor cannot be deferred based on the answers provided in the questionnaire section.  
  **If the donor answers YES to any question (except for 1 & 9) annotate the reason on the ASBP 572-EWB.** |
|                                 | 4    | If the Donor is eligible to donate, place unique Donor Identification Number in the upper right of the ASBP 572-EWB in the Blood Unit Number box. |
|                                 | 5    | Measure the donor’s vitals. The required parameters are located on the ASBP 572-EWB. |
## Immediate Emergency Blood Drive

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 6 | Perform a final review of ASBP 572-EWB to ensure:  
  - Donor’s identity is confirmed with ID card  
  - Check for completeness and correctness  
  - Ensure donor cannot be deferred based on answers provided  
  - Check that the ASBP 572-EWB has been signed and dated  
  - An ISBT/DIN has been placed on the form  
  Donor is physically able to donate based on vitals |
| 7 | Place a larger ISBT/DIN label or ID number from Donor ID card on the front of the donor’s whole blood bag and record the collection date on the unit. Place the remaining ISBT/DIN labels on the back of the donor bag. |
| 8 | Annotate the donor bag lot number and segment number on ASBP 572-EWB. |
| 9 | Issue donor’s whole blood bag to the donor and direct them towards the phlebotomy area. |
**Immediate Emergency Blood Drive**

<table>
<thead>
<tr>
<th>Whole Blood Collection</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
|                        | 1    | Verify the donor with the information on ASBP 572-EWB, appendix 1.  
*Note: If tactical situation does not allow use of the ASBP 572-EWB skip this step.* |
|                        | 2    | Apply a blood pressure cuff to the arm that will be used for phlebotomy.  
- Inflate the cuff to 40-60 mm/Hg  
- Have donor grip a squeezable object  
- Palpate the antecubital area of the arm in order to locate a suitable vein  
- Deflate the cuff upon discovery of successful vein  
*Note: The vein of choice must be large enough for venipuncture using a 16 gauge needle and straight enough to accommodate at least one-fourth of the needle’s length.* |
|                        | 3    | Sterilize the venipuncture site using a ChloraPrep One Step. Apply the ChloraPrep starting at the center of the site and move outward in a circular motion, moving outward at least 1.5 inches. |
|                        | 4    | While allowing the sterilized site to dry, cover it with sterile gauze for at least a minute in order to prevent any possible contamination. |
|                        | 5    | Set up the whole blood collection bag.  
- Ensure a correct Donor ID is on the bag  
- Inspect the collection set for cuts, kinks, discoloration or any kind of damage  
  - If the collection set is deemed unacceptable, repeat the set-up process with a new properly labeled collection set  
- Place a hemostat clamp on the tubing below the Y-junction  
- Crack the glass ampule at the Y-junction |
|                        | 6    | Label test tubes with the same ISBT/DIN label or Donor ID used:  
*Note: Tube collection may be omitted as required by tactical situation.* |

*<Unit Name>*  
V: DD MMM YY  

**MASTER COPY LOCATED AT FKSG**
# Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Re-inflate the blood pressure cuff to 40-60 mm/Hg. Do not touch or re-palpate the vein or cleansed area. Ask the donor to alternately squeeze and relax the grip of the prepared arm on a squeezable object with the final squeeze held firmly.</td>
</tr>
</tbody>
</table>
| 8    | Perform phlebotomy using the 16 gauge needle attached to the collection bag:  
- Uncap the needle and inspect it for rust, spurs, or barbs  
- Orient the needle so that the bevel side is up  
- Enter the vein at a shallow angle (below ~30°)  
- Thread the needle at least ½ inch into the vein  
- Visually ensure proper vein penetration  
- Secure the hub of the needle with tape and cover the site with sterile gauze  
- Release the hemostat clamp placed below the Y-junction  
- Annotate the start time of phlebotomy on the ASBP 572-EWB as applicable |
|      | If      | Then |
| 9    | Blood flow is impeded | Try adjusting the needle without hurting the donor. |
|      | If blood flow is still impeded | Seek assistance from another phlebotomist before discontinuing the phlebotomy. |

Upon obtaining adequate blood flow, deflate the cuff to 20-40 mmHg and instruct the donor relax their grip.
# Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Whole Blood Collection</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10</td>
<td>Continue to monitor the donor. The gauze dressing may be lifted occasionally to monitor the evidence of a hematoma. Discontinue phlebotomy if any of the following is observed:</td>
</tr>
</tbody>
</table>
|                        |      | • Formation of a hematoma  
|                        |      | • Donor reaction  
|                        |      | • Donation time exceeds 15 minutes |
|                        | 11   | A second venipuncture may be performed if:  
|                        |      | • There was an unsuccessful collection (No blood collected in the primary bag) **AND**  
|                        |      | • Donor agrees to a second venipuncture  
|                        |      | • An acceptable vein is available on opposite arm |
|                        | 12   | If second venipuncture is performed:  
|                        |      | • Note the failure of the initial venipuncture in section V of the ASBP 572-EWB if applicable.  
|                        |      | • Assign the donor a new DIN as applicable. Place the new DIN on all applicable forms, collection tubes, whole blood collection bag, etc.  
|                        |      | • Obtain a new collection bag. This will require verifying the bag type, anticoagulant, and segment number information on the ASBP 572-EWB as applicable. Make the necessary changes in the appropriate blocks.  
|                        |      | • Ensure the new collection bag, all satellite bags and the sample tubes are numbered with the same donation identification number.  
|                        |      | Ensure the new start time is recorded on the ASBP 572-EWB |
|                        | 13   | Break the clamp on the sample tubing line, connect Multi-Sample Luer Adapter with the female Luer and collect samples (listed in order) required for blood typing and infectious disease testing, as applicable.  
|                        |      | *Note: Label the sample tubes with the same ISBT/DIN on the collection bag and deliver the specimens to the testing area.* |
|                        | 14   | Watch for the signal of a filled unit by monitoring the completion indicator of a weighing device, or if sufficient volume is collected as whole blood is filled up the volume marker on the collection bag. Note the time that the phlebotomy procedure is complete.  
|                        |      | *Note: If the donor experiences any adverse reactions throughout the course of the donation, stop the donation immediately and notify the applicable healthcare personnel.* |

*Unit Name*
V: DD MMM YY

**MASTER COPY LOCATED AT FKSG**
# Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Whole Blood Collection</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>Seal the tubing 1-2 inches below the “Y” segment of the tubing using a heat sealer (a hemostat may be used if heat sealer is not available).</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>Grasp the tubing on the donor side of the seal and press to remove a portion of blood in the tubing. Create a secondary seal at this spot. Cut the tubing between the two seals.</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>Remove the tourniquet or blood pressure cuff and tape strips from donor’s arm.</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>Place the fingers of one hand gently over the sterile gauze. DO NOT APPLY PRESSURE OVER THE NEEDLE. With the other hand, smoothly and quickly withdraw the needle. Apply firm pressure to the gauze over the phlebotomy site. Safely dispose of the needle in a sharps container.</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>While maintaining pressure on the phlebotomy site, have donor extend arm vertically in the air, instructing them not to bend the arm at the elbow in order to reduce the chances of the formation of a hematoma.</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>Instruct donor to apply firm pressure over the gauze. Encourage donor to maintain a relaxed and elevated position. This precaution will minimize the bleeding into the venipuncture area.</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>Immediately after collecting the unit, use a hand stripper to mix the blood in the tubing with that in the collection bag.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strip all blood from the tubing into the primary collection bag</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mix contents in the primary collection bag</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Release the stripper and allow the anticoagulated blood to re-enter the tubing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Repeat the procedure two more times</td>
</tr>
</tbody>
</table>

*<Unit Name>*

V: DD MMM YY

[MASTER COPY LOCATED AT FKSG]

USFK PAM 40-31, 16 June 2020
### Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Whole Blood Collection</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22</td>
<td>Enter the time the phlebotomy was completed in appropriate block of ASBP 572-EWB. Complete “Donation Status” and “Reaction” blocks on the ASBP 572-EWB.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Codes for “Donation Status” block:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Complete (555g–650g = 405-495 mL of WB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Incomplete (less than 555g total to include bag weight)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Unsuccessful (no blood collected in primary collection bag)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Overfill (greater than 650g total to include bag weight)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reaction classification for “Reaction Block” (See G.08-2 Adverse Donor Reactions SOP for definitions of reaction and procedures to follow):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Slight reaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Moderate reaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Severe reaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o No reaction</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>If another technician is available, have them take the whole blood unit and ASBP 572-EWB to the specimen processing area.</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>Inspect the venipuncture site by lifting the gauze. Reapply with pressure if a stable clot has not formed. Apply fresh sterile gauze as needed. Secure the dressing with Coban or similar bandage wrap.</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>Ensure the donor has and understands written instructions pertaining to post-donation activities.</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>Observe donor for signs of a reaction, and ask donor how he/she feels. Do not release any donor until the donor feels fine. Do not leave donor unattended.</td>
</tr>
</tbody>
</table>
# Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Whole Blood Collection</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27</td>
<td>Direct donor to the refreshment area and instruct them to remain in the refreshment area for 10 to 15 minutes before departing.</td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>If not already accomplished, take the whole blood unit and ASBP 572-EWB to the specimen processing area.</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>Transfuse blood in accordance with local policy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Testing</th>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>If situation allows: perform the following test on the whole blood sample collected from the purple top (EDTA) tube if applicable:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ABO/Rh</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Malaria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HIV 1/2 AB rapid test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HCV AB rapid test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HBsAG rapid test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• RPR (for syphilis; serum or plasma can be used)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to respective SOPs or package inserts for testing and resulting procedures.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Record results on Form 147- Eldon Card ABO/Rh Typing Record, appendix 2.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Have a second trained team member verify results.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Place the correct blood group sticker or inconspicuously write the ABO/Rh information on the collected whole blood donor unit.</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Attach a tag or label to the unit containing the intended recipient’s identification information.</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>Ship donor samples to the arranged testing site or BSD/BSU.</td>
</tr>
</tbody>
</table>

**<Unit Name>**  
V: DD MMM YY  

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USFK PAM 40-31, 16 June 2020
# Immediate Emergency Blood Drive

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1    | Use Form 148- Pre-Screen/Whole Blood Sample Shipping Manifest, appendix 3, to document each sample being sent to the BSD or applicable reference laboratory.  
*Note: Record samples in order by DIN accession on the Sample Manifest.* |
| 2    | Place a Chuck or absorbent material in the bottom of the Styrofoam container within the Collins box. |
| 3    | Wrap each donor samples using a rubber band. |
| 4    | Wrap the samples in another Chuck and seal them in a biohazard bag. |
| 5    | |  
| IF   | THEN |
| Sending Whole Blood | Place 14 pounds (7 scoops) of double-bagged wet ice on top of the samples |
| Sending Plasma/ Serum Aliquots | Fill Collins box with dry ice. |
| 6    | Replace the Styrofoam lid. |
| 7    | Place a copy of Form 148 Pre-Screen/Whole Blood Sample Shipping Manifest and ASBP 572-EWB from each donor in the Collins Box sleeve.  
- If a product was transfused, notify the KAJBPO within 7 days.  
*Note: The collecting facility retains the original copy of ASBP 572-EWB.* |
| 8    | Seal the box with packaging tape and apply the appropriate Medical Material Shipment label. Annotate on the label the time the Collins box was packed and the next re-icing date.  
*Note: 14 pounds of wet ice or 30 pounds of dry ice is able to maintain the appropriate shipping temperature within the Collins box for up to 48 hours.* |
| 9    | Address the package to:  
*Insert testing facility or BSU/BSU address*> |

---

**Unit Name**  
V. DD MMM YY  

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Immediate Emergency Blood Drive

Procedural Notes

- Always confirm blood type of recipient and donor whenever clinical/tactical situation allows.

- Whole blood collected during the emergency blood drive should only be used for single specific recipients. Be sure to place a tag or label on the unit indicating who the intended recipient is.

- Document any whole blood units that were transfused in TMDS

- Have a second trained team member verify the ABO/Rh, and if possible infectious disease testing, for each unit prior to release.

- Whole blood units can be stored at room temperature for up to 8 hours post collection. Thereafter, they must be stored in a refrigerator capable of maintaining a temperature of 1-6°C.

- Whole blood collected during the emergency blood drive should be disposed of following the conclusion of the trauma episode or when additional blood resources become available. Consult with KAJBPO for additional guidance and storability if emergency whole blood collected is not used during emergency situation.

- Although individual blood components collected in the United States are considered safer for transfusion as opposed to whole blood collected in an emergency blood drive, whole blood contains certain components (e.g. platelets) that may not be readily available at each facility. Therefore, the decision to continue transfusing whole blood units as opposed to blood components is at the physician’s discretion.

References

- Joint Theater Trauma System Clinical Practice Guidelines: Fresh Whole Blood Transfusion, OCT 2012.

Appendices

1. ASBP 572- EWB (Emergency Whole Blood)
2. Form 147- Eldon Card ABO/Rh Typing Record
3. Form 148- Pre-Screen/Whole Blood Sample Shipping Manifest

<Unit Name>
V. DD MMM YY

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## Immediate Emergency Blood Drive

### Annual Review

| Facility       | <Enter Facility Name and Address> |

<table>
<thead>
<tr>
<th>Procedure No.</th>
<th>Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> Emergency Whole Blood Collection Donor Pre-Screening</td>
<td></td>
</tr>
<tr>
<td><strong>Total Pages:</strong> 13</td>
<td><strong>Date Implemented:</strong></td>
</tr>
</tbody>
</table>

### Review Signatures

This procedure has been reviewed by the following individuals at the local facility:

<table>
<thead>
<tr>
<th>Reviewed by</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

---

*MASTER COPY LOCATED AT FKSG*

---

*Unit Name*

V: DD MMM YY
Immediate Emergency Blood Drive

SOP Validation

Facility  <Enter facility name and address>

Procedure Information

<table>
<thead>
<tr>
<th>Procedure No.:</th>
<th>Validation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Emergency Whole Blood Collection Donor Pre-Screening</td>
<td>Proposed Effective Date:</td>
</tr>
<tr>
<td>Total Pages: 13</td>
<td></td>
</tr>
</tbody>
</table>

Title and Scope  Are the Title and Scope clear and specific?

<table>
<thead>
<tr>
<th>If response is...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Proceed to next question.</td>
</tr>
<tr>
<td>NO</td>
<td>Comment:</td>
</tr>
</tbody>
</table>

Equipment and Reagents  Are all necessary equipment and reagents listed?

<table>
<thead>
<tr>
<th>If response is...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Proceed to next question.</td>
</tr>
<tr>
<td>NO</td>
<td>Comment:</td>
</tr>
</tbody>
</table>

Contents  Is the text sufficiently detailed to be understood and followed by the staff but not too complex to be accomplished?

<table>
<thead>
<tr>
<th>If response is...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>Proceed to next question.</td>
</tr>
<tr>
<td>NO</td>
<td>Comment:</td>
</tr>
</tbody>
</table>

Validation Signature  SOP Validation was performed by:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<Unit Name>
V: DD MMM YY

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Immediate Emergency Blood Drive

Coordination and Implementation

| Facility | <Enter Facility name and Address> |

**Procedure Information**

<table>
<thead>
<tr>
<th>Procedure No.:</th>
<th>Revision Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Emergency Whole Blood Collection Donor Pre-Screening</td>
<td></td>
</tr>
<tr>
<td>Total Pages: 13</td>
<td>Date Implemented:</td>
</tr>
</tbody>
</table>

Coordination Signatures

This procedure has been reviewed by the following individuals at the local facility:

<table>
<thead>
<tr>
<th>Coordinated with...</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory, XO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Document Control

The total number of copies made for local use is ____ and their locations are:

<table>
<thead>
<tr>
<th>Copy #</th>
<th>Location</th>
<th>Copy #</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>1</td>
<td>8</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>10</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Rescinded

This procedure was rescinded on __________. All copies listed above have been retrieved and archived/destroyed as appropriate.

[Unit Name]

V: DD MMM YY

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## Immediate Emergency Blood Drive

### Training Documentation

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To document training for implementation and procedural changes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Documentation</td>
<td>Includes, at a minimum, the following information:</td>
</tr>
<tr>
<td>Training date</td>
<td></td>
</tr>
<tr>
<td>Purpose of training</td>
<td></td>
</tr>
<tr>
<td>Implementation date of the SOP</td>
<td></td>
</tr>
<tr>
<td>Instructor</td>
<td></td>
</tr>
<tr>
<td>Trainees’ printed names, signatures, and initials</td>
<td></td>
</tr>
<tr>
<td>Verification that all personnel currently performing the task have been trained</td>
<td>Note: Training of SOP does not imply competency. Competency assessment completed per facility-established protocols.</td>
</tr>
<tr>
<td>Personnel Record Documentation</td>
<td>Include documentation of the training in each employee record.</td>
</tr>
<tr>
<td>Records/Forms</td>
<td>Facility-specific records and forms.</td>
</tr>
</tbody>
</table>

<Unit Name>

V: DD MMM YY

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USFK PAM 40-31, 16 June 2020
Immediate Emergency Blood Drive

Change Control

Facility

<Facility Name and Address>

Procedure Information

The following procedure information will be required:

<table>
<thead>
<tr>
<th>Procedure No.</th>
<th>Revision Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td></td>
</tr>
<tr>
<td>Emergency Whole Blood Collection Donor Pre-Screening</td>
<td></td>
</tr>
<tr>
<td>Total Pages: 13</td>
<td>Date Implemented:</td>
</tr>
</tbody>
</table>

Nature of Change

Coordination Signatures

This procedure has been reviewed by the following individuals at the local facility:

<table>
<thead>
<tr>
<th>Coordinated with...</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Assurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laboratory, XO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commander</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Training Documentation

All applicable staff personnel have been trained on the changes. Documentation of training has been verified by:

<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Immediate Emergency Blood Drive

## Appendix 1. ASBP 572- Emergency Whole Blood (front)

### DONATION IDENTIFICATION NUMBER (DIN)

Form is only to be used for pre-screening or collecting donors in support of contingency/deployed operations.

<table>
<thead>
<tr>
<th>UNIT</th>
<th>UNIT LOCATION (Home and Host)</th>
<th>RANK/GENE</th>
<th>USA DEP</th>
<th>HOSP</th>
<th>CITY</th>
<th>RNCC</th>
<th>DONOR IDENTIFICATION NUMBER (DIN)</th>
<th>DOD IDENTIFICATION NUMBER (DIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Group A Questions (ALL DONORS Must Complete)

1. Have you read and do you understand the educational material?  
   - Y  
   - N  

2. Have you ever used needles to take drugs, injects, or intra-muscular drug not prescribed by your doctor?  
   - Y  
   - N  

3. Have you taken any of the medications listed on the back of this form within the timeframe shown?  
   - Y  
   - N  

4. Have you ever had a positive test for the HIV/AIDS virus?  
   - Y  
   - N

### DONORS: If you are being processed for a WHO or LTOWA program, STOP!!! Answer no more questions and sign at the bottom.

If you are here to donate a unit of blood, proceed to Group B Supplemental Questions and then sign at the bottom.

### Group A responses acceptable (all as group Q)?

- Y  
- N

### Group B Supplemental Questions (Complete if Donating a Unit of Blood Today)

- Y  
- N

---

### Comments:

- Y  
- N

---

### Today's Date:

- Temperature:  
- Blood Pressure:
- Pulse:
- Hemoglobin:
- Weight:
- Vital Signs:

### Data Sheet Questions:

- Y  
- N

---

I certify that I have answered the questions honestly. I had an opportunity to ask questions, I consent to donating blood today, and I feel my blood is safe to be transfused. I am donating a unit of whole blood today, my blood will NOT be tested for viral diseases prior to transfusion due to the emergency situation. If for any reason I feel that my blood may not be safe, I will not donate today.

**Donor’s Signature**

**Date**

---

**Unit Name:**

**V: DD MMM YY**

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---

**USFK PAM 40-31, 16 June 2020**
Immediate Emergency Blood Drive

Appendix 1. ASBP 572- Emergency Whole Blood (back)

DONOR EDUCATIONAL MATERIAL

Blood donation is a voluntary process requiring the collection of approximately 450-500 mL of blood. The usual collection time ranges from 5 to 10 minutes. Complications at the venipuncture site may include, but are not limited to: discomfort, bruising, swelling, or infection. Other complications could occur during or after your donation such as: fatigue, light-headedness, dizziness, nausea, vomiting, and/or cramping. On very rare occasions, a more severe reaction may occur.

MEDICATION LIST: Donors SHOULD NOT discontinue medications prescribed by their physician in order to donate blood. Certain medications in your system can cause harm to some patients if your blood is transfused. If you are taking any of the following medications, you should not donate today nor should you participate in a walking blood bank program because the medication has not cleared from your system.

Pre-screen or Donating Blood Today:

<table>
<thead>
<tr>
<th>Envelope, Ointment</th>
<th>Sedative</th>
<th>Bevacizumab, Human Growth Hormone, Testes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years</td>
<td>2 years</td>
<td>EVER in your life</td>
</tr>
</tbody>
</table>

Donating Blood Today (must screen donor for drugs below AND list above if donating whole blood):

Enalapril, Fekel, Fosinopril, Losartan, Ramipril, Sacubitril, Valsartan

Aripiprazol, Clonazepam, Eflornithine, IM/IV Hepatitis, Loxatone, Warfarin

Phenelzine, Zyloprim

Antibiotics, Anticonvulsants, Antidepressants, Anticoagulants, Antipsychotics, Antihistamines

Avocet, Addz, Experimental Medications

Your signature on the other side of this form acknowledges that you understand the questions and this educational material and that you agree to not donate any blood products if you are at risk of transmitting Human Immunodeficiency Virus (HIV) or any other virus. We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately on the other side of this form. If you do not understand a question, ask a staff member.

All information you provide is confidential. It is critical that you alert your unit provider or nurse if any of your responses change so that we have your most up-to-date information. If you are unsure, please consult with the unit provider or nurse.

If you have any questions or concerns, please contact your unit provider or nurse.

Your signature on the other side of this form acknowledges that you understand the questions and this educational material and that you agree to not donate any blood products if you are at risk of transmitting Human Immunodeficiency Virus (HIV) or any other virus. We know that you would not donate unless you think your blood is safe. However, in order for us to assess all risks that may affect you or a patient receiving a transfusion, it is essential that you answer each question completely and accurately on the other side of this form. If you do not understand a question, ask a staff member.

All information you provide is confidential. It is critical that you alert your unit provider or nurse if any of your responses change so that we have your most up-to-date information. If you have any questions or concerns, please contact your unit provider or nurse.

HIGH RISK BEHAVIORS:

Certain diseases such as HIV/AIDS and hepatitis can be spread through sexual contact or by sharing drug needles/syringes. These viruses can enter your blood stream and can be transmitted to another person who is transfused with your blood, plasma, or platelets. Sexual contact includes: genital contact (contact between penis and vagina), oral sex (mouth or tongue on someone’s penis, vagina, or anus), and/or anal sex (contact between penis and anus).

DO NOT DONATE IF YOU:

- Have AIDS or have ever had a positive HIV test
- Have ever used needles to take any drugs not prescribed by your doctor
- Are a man who has had sexual contact with another man in the past 12 months
- Have ever taken money, drugs or other payment for sex
- Have had sexual contact in the past 12 months with anyone described above
- Have had oral sex or insertion in the past 12 months
- Have been in juvenile detention, lockup, jail or prison for more than 72 consecutive hours in the past 12 months

DO NOT DONATE TO GET A TEST: If you think you may be at risk for HIV/AIDS or any other infections, do not donate simply to get a test. See your medical provider to obtain an HIV/AIDS test. The following symptoms can be present before an HIV test turns positive: fever, enlarged lymph glands, sore throat, and/or rash.

NOTIFY YOUR UNIT MEDIC OR UNIT PROVIDER IF:

- Any changes that would cause a different response to a question
- If you think your blood may not be safe for another person to receive
- If you become sick within 14 days after donating a unit of blood

THANK YOU FOR DONATING BLOOD!

ASBP 572-WEB (Emergency Whole Blood), 5 Apr 2018
### Immediate Emergency Blood Drive

Appendix 2. Form 147-Eldon Card ABO/Rh Typing Record

#### Rapid ABO/Rh Testing

<table>
<thead>
<tr>
<th>LOT #</th>
<th>EXP Date:</th>
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</thead>
<tbody>
<tr>
<td>Stored at 5 - 37 °C?</td>
<td>Yes/ No (circle one)</td>
</tr>
</tbody>
</table>

#### Eldon Card ABO/Rh Typing

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<th>Anti-A</th>
<th>Anti-B</th>
<th>Anti-D</th>
<th>Control</th>
<th>Interpretation</th>
<th>Tech Initiate</th>
<th>Comment</th>
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**QA Review**

[Signature]

**Date**

**OIC Review**

[Signature]

**Date**

---

05th MDSS Camp Humphreys
Form 147

<Unit Name>

V: DD MMM YY

**MASTER COPY LOCATED AT FKSG**

USFK PAM 40-31, 16 June 2020
# Immediate Emergency Blood Drive

Appendix 3. Form 148 – Pre-Screen/Whole Blood Sample Shipping Manifest

Pre-screen/Whole Blood Sample Shipping Manifest

<table>
<thead>
<tr>
<th>Blood Unit Number</th>
<th>ABO/Rh</th>
<th>Donation Date</th>
<th>Donor Information</th>
<th>Donation Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID (W0140)</td>
<td>YR</td>
<td>Unit ID #</td>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

Pack Date: ____________________________

Include copy of this manifest with the sample being sent to the ASBRC. Keep the original copy in your records; do not send the original.

15th MDSS, Camp Humphreys

Form 148

`<Unit Name>`

V: DD MMM YY

MASTER COPY LOCATED AT FKSG
Chapter 5
Example Procedure Emergency Whole Blood Transfusion
Example procedure for conducting emergency whole blood transfusion. Outlines basic steps for transfusing whole blood and can be used as a starting point for organizations establishing their own emergency blood programs. Editable copy available from the USFK Surgeon Office, Korea Area Joint Blood Program Officer (indopacom.humphreys.usfk.list.fksg@mail.mil) to allow for tailoring to individual organization’s programs.

EMERGENCY WHOLE BLOOD TRANSFUSION

Overview

---

Facility Identification and Address

- <Enter Unit ID>
- <Enter Unit Location>
- <Enter Unit APO>

Purpose
To standardize the Transfusion of Emergency Whole Blood

Summary of changes
New SOP

Approval signature

- <Name of OIC/Medical Lead>
- <Rank Branch>
- <Title of Signature Authority>

---

<Unit Name>

DD MMM YYYY

Copy ___ of ___
EMERGENCY WHOLE BLOOD TRANSFUSION

Overview, continued

<table>
<thead>
<tr>
<th>Purpose</th>
<th>To standardize the Transfusion of Emergency Whole Blood (EWB)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principle</td>
<td>Defines basic requirements for transfusing a unit of EWB in austere conditions. Blood warmers and infusers may be used during the transfusion of EWB, but this is not specifically addressed in this SOP. Know the signs, symptoms, and treatment of transfusion reactions prior to beginning transfusions.</td>
</tr>
<tr>
<td>Safety</td>
<td>Follow all guidelines found in a defined bloodborne pathogen safety plan. In the absence of a bloodborne pathogen safety plan, follow universal precautions.</td>
</tr>
</tbody>
</table>
| Materials and Equipment | ▪ Whole Blood Unit Compatible with Recipient  
▪ Transfusion IV Line  
▪ IV Access to Patient  
▪ Tourniquet  
▪ 2x2 Gauze  
▪ Coband  
▪ PPE  
▪ Iodine Swabs or Alcohol Prep Wipes  
▪ Blood Warmer and/or Fast Infusion System (as indicated)  
▪ Biohazard Bag(s)  
▪ Sharps Container  
▪ ABO/Rh Testing Card (e.g., Eldon Military Kit or other FDA-approved device) |
| Form/Records | ▪ ASBP 572- Emergency Whole Blood (EWB)  
▪ Form 147- Eldon Card ABO/Rh Typing Record  
▪ SF 518 or Equivalent-Transfusion Record  
▪ TMDS (Theater Medical Data Store), Blood Portal. |
| Quality Control | ▪ Perform QC on ABO/Rh Testing Card. (If possible)  
▪ Medical personnel should be trained by qualified personnel. |

<Unit Name>

DD MMM YYYY

Copy __ of __
EMERGENCY WHOLE BLOOD TRANSFUSION

Procedure
Perform the following steps when Transfusing:

1. Prepare Patient for Transfusion
   a. Ensure IV/IO access is available with a valid port to connect transfusion tubing to, or identify an acceptable vein and clean skin in and around if using whole blood collection needle from collection bag.
   b. Re-verify Patient ID and blood type is compatible with donor blood type by comparing blood type written or printed on the blood bag with the Patient record. Warning: ABO mistyping is the number 1 cause of preventable transfusion reaction. Every effort to confirm Patient and Donor compatibility must be made prior to transfusion. Low Titer O Whole Blood is compatible with all recipients. In an emergency in which risk of mistakes is high (MASCAL, poor visibility, extreme urgency), use of any group O whole blood, whether titered for anti-A or anti-B antibodies or not, is safer than attempting type-specific transfusion.

2. Spike Blood Bag (if using IV tubing and IV catheter)
   a. Inspect unit of blood for excess discoloration or excess particulates. Warm whole blood should appear dark red in color with no large particulates.
   b. Pull protective cover of IV access port located at the top of the unit of blood. Clean using alcohol wipe.
   c. Check IV tubing for breaks, blocks, or discoloration. Ensure IV clamp is in the closed position.
   d. Remove protective cover from IV spike end and inspect for any deformities, abnormalities, or breaking that could interfere with piercing blood bag. Being careful of the sharp point to prevent injury to self and others, clean using alcohol wipe.
   e. Maintaining sharps precaution, insert sharp end of spike into access port of blood bag, threading spike fully into port. Continue until bag is pierced.
   f. Open IV clamp in a controlled fashion, allowing blood to fill IV tubing. Prime drip chamber as applicable.

3. Phlebotomy (if using needle from bag)
   a. Without contaminating already cleaned skin of vein to be used for transfusion, place tourniquet above vein to be used.
   b. Inspect tubing to ensure no additional air has been allowed into the tubing, check needle to ensure it has not been damaged during
EMERGENCY WHOLE BLOOD TRANSFUSION

<table>
<thead>
<tr>
<th>Handling</th>
<th>Bleed any air from tubing and insure clamps are secure on tubing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>c.</td>
<td>Maintaining sharps precautions, insert needle from blood bag with bevel up at approximately 30 degree angle and thread into vein. Be careful to not infiltrate the vein.</td>
</tr>
</tbody>
</table>

Procedure (Continued)

4. Transfuse

Under emergency circumstances (obvious or suspected serious bleeding based on mechanism of injury and patient manifests signs of shock such as altered mental status, absence of palpable pulse, tachycardia with systolic blood pressure <90mmHg), transfuse entire unit of whole blood as rapidly as possible. Repeat as needed with additional blood units as available until patient shows signs of clinical improvement (return of palpable pulse, improved mentation, improved blood pressure, etc.).

If patient is deemed to require transfusion by medical personnel but is not in shock as above, proceed as follows.

a. Open clamp on tubing and administer slowly if clinical situation allows (normal recommended is 2mL/minute). If more rapid infusion is necessary, follow direction of healthcare provider in charge of the Patient.

b. Maintain constant monitor of vitals during the first 15 minutes noting any drop in blood pressure; or raise in temperature, respiration, or pulse. Reference 5. Transfusion Reactions in the event that vitals change.

c. After first 15 minutes, open transfusion to max rate tolerable by Patient, continue to monitor vitals for extreme changes every 15 mins until unit is completely transfused.

d. Repeat until adequate perfusion pressure is restored. Follow IV tubing manufacturer guidance for number of units that may be transfused using the same tubing.

e. Flush IV port or IV tubing with 30mL of normal saline once last unit is transfused. If using needle transfusion method or discontinuing IV port access, remove needle/catheter from vein and cover with 2x2 gauze, maintaining pressure. Wrap gauze with Coband to ensure adequate pressure on vascular site.

5. Transfusion Reactions

a. Transfusion reactions are extremely difficult to detect in hemorrhagic shock patients due to the fact that they are hypotensive, coagulopathic and otherwise in extremis prior to transfusion (same symptoms of severe transfusion reactions). Also, blood infusion rates are high in order to
EMERGENCY WHOLE BLOOD TRANSFUSION

rapidly restore circulating volume, making detection of a reaction unlikely to occur before the end of the transfusion. Major transfusion reactions like acute hemolytic transfusion reactions or anaphylaxis, though unlikely, will likely be fatal in these patients regardless of intervention. The most likely manifestation of acute transfusion reaction in such a patient would be worsening or non-improving cardiovascular collapse.

b. If an acute transfusion reaction is suspected in a shocked patient, it is critical to recognize that the patient is still in shock and still needs blood. Prepare another unit of whole blood and transfuse immediately. Ensure that transfused units are compatible. The most likely cause of transfusion reaction and adverse outcome in an emergency situation is transfusion of incompatible blood (specifically, the red blood cells in the unit). Therefore, the most important risk mitigation step to avoid these reactions is to use universally compatible blood (Low Titer O Whole Blood, or at a minimum, untiered group O whole blood). Risk of transfusion reaction increases dramatically when attempting to match blood groups in emergency circumstances.

c. It is inappropriate to discontinue blood transfusion and institute crystalloid infusion to manage a suspected transfusion reaction in a hemorrhagic shock patient. The patient needs blood.

References

- Joint Trauma System Clinical Practice Guideline (JTS CPG), Whole Blood Transfusion (CPG ID: 21)
- AABB Standards for Blood Banks and Transfusion Services, current edition
- Theater Medical Data Store (TMDS) Version 2.10.3.0 System User’s Manual
- Armed Services Blood Bank Center, Okinawa Japan. Specimen Submission Guidelines, current ver.

<Unit Name>  
DD MMM YYYY  

Copy __ of __  

49  
USFK PAM 40-31, 16 June 2020
EMERGENCY WHOLE BLOOD TRANSFUSION

Appendices

1. Annual Review
2. SOP Validation
3. Coordination and Implementation
4. Training Documentation
5. Change Control
6. Form 147- Eldon Card ABO/Rh Typing Record
EMERGENCY WHOLE BLOOD TRANSFUSION

Annual Review

<table>
<thead>
<tr>
<th>Facility</th>
<th>&lt;Enter Facility Name and Address&gt;</th>
</tr>
</thead>
</table>

Procedure Information

<table>
<thead>
<tr>
<th>Procedure No.</th>
<th>Revision Date</th>
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</thead>
<tbody>
<tr>
<td>Title: Emergency Whole Blood Collection Donor Pre-Screening</td>
<td></td>
</tr>
<tr>
<td>Total Pages: 5</td>
<td>Date Implemented:</td>
</tr>
</tbody>
</table>

Review Signatures

This procedure has been reviewed by the following individuals at the local facility:

<table>
<thead>
<tr>
<th>Reviewed by</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
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<Unit Name>

DD MMM YYYY

Copy __ of __
# EMERGENCY WHOLE BLOOD TRANSFUSION

## SOP Validation

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## Procedure Information

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<td>Total Pages: 5</td>
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## Title and Scope

Are the Title and Scope clear and specific?

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<th>If response is...</th>
<th>Then...</th>
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<tbody>
<tr>
<td>YES</td>
<td>Proceed to next question</td>
</tr>
<tr>
<td>NO</td>
<td>Comment:</td>
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## Equipment and Reagents

Are all necessary equipment and reagents listed?

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<thead>
<tr>
<th>If response is...</th>
<th>Then...</th>
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<tbody>
<tr>
<td>YES</td>
<td>Proceed to next question</td>
</tr>
<tr>
<td>NO</td>
<td>Comment:</td>
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## Contents

Is the text sufficiently detailed to be understood and followed by the staff but not too complex to be accomplished?

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<thead>
<tr>
<th>If response is...</th>
<th>Then...</th>
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<tbody>
<tr>
<td>YES</td>
<td>Proceed to next question</td>
</tr>
<tr>
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<td>Comment:</td>
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## Validation Signature

SOP Validation was performed by:

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<th>Signature</th>
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**<Unit Name>**

**DD MMM YYY**

Copy __ of __
EMERGENCY WHOLE BLOOD TRANSFUSION

Coordination and Implementation

<table>
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Coordination Signatures

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<tr>
<td>Laboratory, XO</td>
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</tr>
<tr>
<td>Commander</td>
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<tr>
<td>Preparer</td>
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Document Control

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<th>Location</th>
<th>Copy #</th>
<th>Location</th>
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<td>5</td>
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Date Rescinded

This procedure was rescinded on ___________. All copies listed above have been retrieved and archived/destroyed as appropriate.
EMERGENCY WHOLE BLOOD TRANSFUSION

Training Documentation

Purpose
To document training for implementation and procedural changes.

Training Documentation
Includes, at a minimum, the following information:

- Training date
- Purpose of training
- Implementation date of the SOP
- Instructor
- Trainees’ printed names, signatures, and initials
- Verification that all personnel currently performing the task have been trained

*Note: Training of SOP does not imply competency. Competency assessment completed per facility-established protocols.*

Personnel Record Documentation
Include documentation of the training in each employee record.

Records/Forms
Facility-specific records and forms.

<Unit Name>
DD MMM YYYY

Copy __ of __
EMERGENCY WHOLE BLOOD TRANSFUSION

Change Control

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Procedure Information

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<td>Date Implemented:</td>
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Nature of Change

Coordination Signatures

This procedure has been reviewed by the following individuals at the local facility:

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<th>Date</th>
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<td>Laboratory, XO</td>
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<tr>
<td>Commander</td>
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Training Documentation

All applicable staff personnel have been trained on the changes. Documentation of training has been verified by:

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<th>Date</th>
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<Unit Name>

DD MMM YYYY

Copy ___ of ___

USFK PAM 40-31, 16 June 2020
# EMERGENCY WHOLE BLOOD TRANSFUSION

Appendix 6. Form 147-Eldon Card ABO/Rh Typing Record

## Rapid ABO/Rh Testing

<table>
<thead>
<tr>
<th>Assigned Unit #</th>
<th>Eldon Card ABO/Rh Typing</th>
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<th>Comment</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

- **LOT #:**
- **EXP Date:**
- **Stored at 5 - 37°C:** Yes / No (circle one)

QA Review: __________________________ Date: ________________

CIC Review: __________________________ Date: ________________

*6th MDSS Comp Humphreys*
*Form 147*

*<Unit Name>*
*DD MMM YYYY*  Copy __ of __  11

---

USFK PAM 40-31, 16 June 2020
Chapter 6
Testing Requirements and Donor Preference

6-1. All prescreened Donors will be tested at least annually for the following tests by a FDA approved lab for testing of allogeneic blood collection to be considered fully prescreened:

   a. ABO/Rh Confirmation
   b. Antibody screen
   c. Hepatitis B Virus (HBV) DNA
   d. HBV Surface Antigen
   e. Anti-HB Core
   f. Anti Hepatitis C Virus (HCV)
   g. HCV Ribonucleic Acid (RNA)
   h. Anti HIV 1&2
   i. HIV 1 & 2 RNA
   j. Serological Test for Syphilis
   k. Antibody titers for Anti-A and Anti-B IgM on all Type O Donors

6-2. Donors will not be issued a USFK WBB/EBP Donor card until fully prescreened and screening is entered into Theater Medical Data Stores (TMDS).

6-3. Based on tactical and medical situation, not fully screened Donors may be used in the following order of precedence:

   a. Donors who have a full prescreen over 1 year old or Donors who have a recent prescreen pending and/or current (within last 24 hours) rapid infectious disease testing.
   b. Donors who report having been repeat blood Donors in the past and have not been deferred for IDT.
   c. All other Donors presenting as healthy during collection screening.

Chapter 7
Example Donor Deferral Notification Letters
Example letters for notification of positive test results during donor prescreening or retrospective testing after whole blood collection. These examples to not cover every possible positive test combination, but can be used as starting points for drafting notification letters. Editable copy available from the USFK Surgeon Office, Korea Area Joint Blood Program Officer (indopacom.humphreys.usfk.list.fksq@mail.mil) to allow for tailoring to individual organization’s programs.
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>
Subj: BLOOD DONATION ON: ___________ DATE/ LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBPP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for the antibody to the human immunodeficiency virus (HIV) required that we use a more specific test. The results of the second test, called a Western blot, showed that your blood donation was HIV antibody negative. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Even though the result of the second test was negative, the FDA and other blood bank agencies, including the ASBPP, take a conservative position in this matter. Blood product donations which test positive with the initial screening tests are not to be transfused. Therefore, we regret to inform you that your <Insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <Insert name of your facility> require that a donor who tests positive with the initial screening test, even though the confirmation test was negative, refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG
BLOOD DONATION ON: ___________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

(Use appropriate signature block)

Case number 2015-031
7-2. HIV Antibody Repeat Reactive, Secondary Antibody Test Negative

MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: ___________ DATE/ LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for the antibody to the human immunodeficiency virus (HIV) required that we use a more specific test. The results of the second test showed that your blood donation was HIV antibody negative. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Even though the result of the second test was negative, the FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with the initial screening tests are not to be transfused. Therefore, we regret to inform you that your <Insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <Insert name of your facility> require that a donor who tests positive with the initial screening test, even though the confirmation test was negative, refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

(Use appropriate signature block)

Case number 2015-XXX
7-3. HIV Antibody Repeat Reactive, Western Blot Positive

MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for the antibody to the human immunodeficiency virus (HIV-1/2) required that we use a more specific test. The results of the second test, called a Western Blot, showed that your blood donation was HIV-1 antibody positive. We recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests.

3. Blood donations which test positive for HIV-1 antibody cannot be used for transfusion purposes. This policy is a requirement of the FDA (Food and Drug Administration) and other blood bank agencies which includes the ASBP. Therefore, we regret to inform you that your <Insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <Insert name of your facility> require that a donor who tests positive for HIV-1 antibody refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require
FKSG
BLOOD DONATION ON: ___________ DATE/ LOCATION:

further information, please contact <insert name and phone number of Point of Contact>.

(Use appropriate signature block)

Case number 2015-031
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/ LOCATION

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called "screening tests" because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for the antibody to the human immunodeficiency virus-2 (HIV-2) were positive. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Even though the result of the second test was negative, the FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with the initial screening tests are not to be transfused. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program requires donors who tests positive with the initial screening test, even though the confirmation test was negative, refrain from any further blood product donations here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <Insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donations, the results of the initial screening test for the antibody to the Human T-Lymphotropic Virus (HTLV-I/II) required that we use a supplemental test on more than one occasion. The results of the two second tests showed that your blood donations were HTLV-I/II antibody negative. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Even though the results of the two supplemental tests were negative, the FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with the initial screening tests are not to be transfused. Therefore, we regret to inform you that your <insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <insert name of your facility> require that a donor who tests positive with the initial screening test on more than one occasion, even though the supplemental tests were negative, refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
7-6. HTLV Antibody Repeat Reactive on Multiple Donation Attempts

MEMORANDUM  FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: _________ DATE/ LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional testing to determine if there is evidence of infection.

2. During the testing of your donations, the results of the screening tests for the antibody to the Human T-cell Lymphotropic Virus (HTLV-I/II) were found to be positive on more than one occasion. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Due to the finding of two positive test results, the FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with the initial screening tests are not to be transfused. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program requires donors who test positive with the initial screening test on more than one occasion, refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG

BLOOD DONATION ON: ______________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
7-7. HTLV Antibody Repeat Reactive, Confirmation Test Positive

MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results for both the screening and supplemental test for the antibody to the Human T-Lymphotropic Virus (HTLV-I/II) were positive. Please refer to the accompanying fact sheet for specific information about these viruses. The screening tests are unable to definitively determine whether your results represent an infection with the HTLV-I or HTLV-II viruses. We recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Additional blood samples may be drawn for more specific testing to determine whether the positive screen test results are indicative of infection.

3. Blood donations which test positive for HTLV-I/II are unable to be used for transfusion purposes. This policy is a requirement of the FDA (Food and Drug Administration) and other blood bank agencies which includes the ASBP. Therefore, we regret to inform you that your <Insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <Insert name of your facility> require that a donor who tests positive with the initial screening and supplemental tests, refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your test results.
FKSG
BLOOD DONATION ON: ____________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/ LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called "screening tests" because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your recent blood donation, the results of the antibody test for the Hepatitis C Virus (HCV) was confirmed positive. The positive test result indicates an infection of which you may be unaware, because the infection may not result in any symptoms for many years. HCV is a major cause of chronic liver disease which can, over a period of many years, progress to cirrhosis and liver failure in some infected persons. We recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice.

3. Blood donations which test positive for Hepatitis C cannot be used for transfusion purposes. This policy is a requirement of the FDA (Food and Drug Administration) and other blood bank agencies which includes the ASBP. Therefore, we regret to inform you that your <Insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <Insert name of your facility> require that a donor who tests positive with the screening and supplemental test refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG
BLOOD DONATION ON: __________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM

FOR: <name, rank, ID number, and DOB of donor>

SUBJ: BLOOD DONATION ON: ___________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for the antibody to the Hepatitis C Virus (HCV) required that we use a more specific supplemental antibody test. The results of the second test showed that your blood donation was HCV antibody negative. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Even though the result of the second test was negative, the FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with initial screening tests are not to be transfused. Therefore, we regret to inform you that your <Insert Date of latest blood donation> donation could not be used. The Armed Services Blood Program and <Insert name of your facility> require that a donor who tests positive with the initial screening test, even though the confirmation test was negative, refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG
BLOOD DONATION ON: ________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: ____________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious.

2. During the testing of your donation, the result of the screening test for the antibody to the Hepatitis C Virus (HCV) was positive. This laboratory finding should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. The FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with initial screening tests are not to be transfused. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program require that donors who tests positive with the initial screening test refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG
BLOOD DONATION ON: __________ DATE/ LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
7-11. HCV Antibody Repeat Reactive, Confirmation Negative

MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: ___________ DATE/LOCATION:

1. At your physician's request, in preparation for your surgery and possible blood transfusion, we have drawn your blood. As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called "screening tests" because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for the antibody to the Hepatitis C Virus (HCV) required that we use a more specific supplemental antibody test. The results of the second test showed that your blood donation was HCV antibody negative. This laboratory finding should not alarm you and may not be significant. This information has been forwarded to your physician who will discuss the implications of the positive screening test with you. Your physician may wish to repeat your tests at a later time.

3. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your test results.

4. This does not mean you can't continue to donate autologous units for yourself. This decision is left up to you and the provider responsible for your care. If you require further information, please contact <insert name and phone number of point of contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your recent blood donation, the results of the test for the Hepatitis B Surface Antigen, a protein associated with the Hepatitis B Virus, was confirmed positive. This positive test result indicates a possible Hepatitis B infection of which you may be unaware, since the infection may remain silent. We recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice.

3. Blood donations which test positive for Hepatitis B Surface Antigen cannot be used for transfusion purposes. This policy is a requirement of the FDA (Food and Drug Administration) and other blood bank agencies which includes the ASBP. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program requires that a donor who tests positive with the screening and supplemental test refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG
BLOOD DONATION ON: __________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donations, the results of the test for the antibody to the Hepatitis B Virus (HBV) Core antigen, an antibody associated with a prior Hepatitis B Virus infection, were positive on one or more occasion. However, the results for the test for the Hepatitis B Surface Antigen, an antigen associated with a Hepatitis B Virus current infection, were negative. The laboratory findings should not alarm you and may not be significant. However, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Even though the result was not positive for a current infection, the FDA and other blood bank agencies, including the ASBP, take a conservative position in this matter. Blood product donations which test positive with the initial screening tests are not to be transfused. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program requires that a donors who test positive with the initial screening test on more than one occasion refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

(Use appropriate signature block)

Case number 2019-003
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious. If the test results are positive, the blood samples are subjected to additional, more specific testing to determine if there is evidence of infection.

2. During the testing of your donation, the results of the screening test for <insert specific reactive test> Nucleic Acid Test was found to be positive. We recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. Blood donations which test positive are not to be transfused. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program requires that a donor who tests positive refrain from any further blood donation here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.
FKSG
BLOOD DONATION ON: __________ DATE/ LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/ LOCATION:

1. Thank you for your recent blood donation to [Facility name]. All blood banks routinely perform several laboratory screening tests on donor samples. The test result for West Nile Virus (nucleic acid test) during testing of your donation was positive. All other required test results were negative. Please notify your physician of these results. He/she may determine whether or not they are significant to your health.

2. Because of rules in place to guarantee patient safety, we are required to ask you not to donate blood until ______. This is 120 days from your donation date.

3. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact <insert name and phone number of Point of Contact>.

Case number 2015-031

(Use appropriate signature block)
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform several laboratory screening tests for infectious diseases on each unit of blood that is drawn. These screening tests are sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious.

2. During the testing of your donation, the results of the screening test for the antibody to Trypanosoma cruzi (T. cruzi) were positive which is the cause of Chagas disease. However, the confirmatory test – Chagas ESA was indeterminate. The screening test for T. cruzi has demonstrated some reactivity in donors infected with pathogens other than T. cruzi (cross-reactivity). Therefore, we recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice. Your physician may wish to repeat your tests at a later time.

3. You are indefinitely deferred from donating blood at any blood center and your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian. Only when required by law or after your expressed written permission is obtained will the Armed Services Blood Program release the information about your tests results.

4. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate in the future. You may wish to place a copy of this letter in your medical record. If you require further information, please contact your health care provider.

(Use appropriate signature block)

Case number # Year-XXX

FKSG 25 AUG 2015
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

Subj: BLOOD DONATION ON: ___________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform laboratory screening tests for potential antibodies on each unit drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to identify any donor who potentially may have antibodies which could impact upon a patient receiving his/her blood.

2. During the testing of your recent donation, the Antibody Screening Test was found positive. Further testing revealed that you have an unexpected antibody identified as “Anti-D”. Due to the presence of this antibody, extra time may be required should you ever have a need for pre-transfusion testing. In addition, if you have further questions or concerns, we recommend you consult with your attending health care provider for detailed medical advice.

3. We suggest that you mention your “Anti-D” during any future medical facility admission, particularly if there is a potential to receive blood transfusions during that admission.

4. Because of your “Anti-D” and because Tripler Army Medical Center’s Transfusion Medicine Service takes a conservative position with donors in your situation, your name has been added to our Donor Deferral Registry. This Registry is maintained by each of the Services. The Registry is completely confidential and used only to help ensure that your blood is not collected in the future. You are now indefinitely deferred from being a blood donor with Tripler Army Medical Center’s Blood Center.

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue that support by encouraging others to donate whenever the opportunity arises.
FKSG
BLOOD DONATION ON: __________ DATE/LOCATION:

6. Again, if you should require further information or have additional questions, please contact your current attending health care provider and/or the Preventive Medicine Division at [___] Base.

(Use appropriate signature block)

Lookback Case Number 2015-XXX
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

SUBJECT: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform laboratory screening tests for potential antibodies on each unit drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to identify any donor who potentially may have antibodies which could impact upon a patient receiving his/her blood.

2. During the testing of your recent donation, the Antibody Screening Test was found positive. Further testing revealed that you have an unexpected antibody identified as “________________”. Due to the presence of this antibody extra time may be required should you ever have a need for pre-transfusion testing. In addition, if you have further questions or concerns, we recommend you consult with your health care provider for added medical advice.

3. We suggest that you mention your “_____________” antibody during any future medical facility admission, particularly if there is a potential to receive blood transfusions during that admission.

4. Because of your “_____________” antibody and because Tripler Army Medical Center’s Transfusion Medicine Service takes a conservative position with donors in your situation, your name has been added to our Donor Deferral Registry. This Registry is maintained by each of the Services. The Registry is completely confidential and used only to help insure that your blood is not collected in the future. You are now indefinitely deferred from being a blood donor with Tripler Army Medical Center’s Blood Center.

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue that support by encouraging others to donate whenever the opportunity arises.
FKSG
BLOOD DONATION ON: ___________ DATE/ LOCATION:

6. Again, if you should require further information or have additional questions, please contact your health care provider at (808) XXX-XXXX.

(Use appropriate signature block)

Lookback Case Number XXXX-XXX
7-19. Hepatitis B Core Antibody Positive, Nucleic Acid Test Positive

MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

SUBJECT: BLOOD DONATION ON: ___________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform laboratory screening tests for infectious diseases on each unit drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious.

2. During the testing of your recent blood donation, the test for the Hepatitis B Surface Antigen (HBsAg), a protein associated with the Hepatitis B Virus, was found (reactive/not reactive). This reactive test result may indicate a possible Hepatitis B infection of which you may be unaware, since the infection may often remain silent. In addition, screening test for Hepatitis Core Antibody by EIA testing and for Hepatitis B Virus by NAT testing were both found reactive from this donation. <select which one or both> We recommend that you consult with your personal or local Military Physician (if eligible for care) for further evaluation and additional medical advice.

3. Blood donations which test reactive for Hepatitis B Surface Antigen cannot be used for transfusion. This policy is a requirement of the FDA (Food and Drug Administration) and other Blood bank agencies which includes the ASBP. Therefore, we regret to inform you that your donation could not be used. The Armed Services Blood Program and Tripler Blood Donor Center require that a donor who tests reactive with the screening tests you demonstrated, must refrain from any further blood donation (permanent deferral status) here or at any other blood center, military or civilian.

4. Your name has been added to our Donor Deferral Registry. This registry is maintained by each of the Services and is completely confidential. It is used to ensure that in the future you do not donate blood for others here or at any other blood center, military or civilian.
FKSG
BLOOD DONATION ON: __________ DATE/LOCATION:

5. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate. You may wish to place a copy of this letter in your medical record if allowed by your medical facility. If you require further information please contact your Health Care Provider.

(Use appropriate signature block)

Lookback Case# XXXX-XXX
MEMORANDUM FOR:  <name, rank, ID number, and DOB of donor>

SUBJECT: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform laboratory screening tests for potential infectious diseases on each unit drawn. These screening tests are very sensitive and are called “screening tests” because they are designed to detect any donor who might be potentially infectious.

2. During the testing of your recent donation, the Syphilis Screening Test was positive. Additionally, the subsequent confirmation test for Syphilis (FTA-ABS) was also found positive.

3. We recommend that you consult with your personal or local military physician for possible further evaluation and additional medical advice.

4. Because your initial Syphilis screening and confirmatory test results were positive, the Food and Drug Administration (FDA) and other blood bank agencies, including the ASBP, take a conservative position with donors in this situation. Blood donations which test positive for Syphilis tests are unable to be used for transfusion purposes and are therefore, destroyed. In addition, the Armed Services Blood Program and the TAMC Blood Donor Center require that a donor who does test positive with the Syphilis screening and confirmatory test, must refrain from donating for at least one year after completion of medical treatment.

5. Your name has been added to our Donor Deferral Registry. This Registry is maintained by each of the Services. The Registry is completely confidential and used only to ensure that your blood is not collected/transfused during the year deferral period.

6. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate. We do look forward to having you return as a volunteer donor once your one-year deferral period has elapsed.
FKSG
BLOOD DONATION ON: __________ DATE/LOCATION:

7. If you require further information or have further questions, please contact your Health Care Provider.

(Use appropriate signature block)

Lookback Case XXXX-XXX
MEMORANDUM FOR: <name, rank, ID number, and DOB of donor>

SUBJECT: BLOOD DONATION ON: __________ DATE/LOCATION:

1. Thank you for your recent blood donation to the Armed Services Blood Program (ASBP). As part of a commitment to maintain the safety of our blood supply, all blood banks routinely perform donor travel history screening for potential travel risks. These travel history screening is designed to detect any donor who might be at risk for acquiring potentially infectious diseases known to occur in foreign countries.

2. During the travel history screening on your most recent donation, a travel risk to Italy for a variant Creutzfeldt-Jakob Disease (vCJD) was identified. Donors who resided in Italy for a cumulative period of 6 months or more from 1980-1996 are considered to have travel risk associated with the said disease.

3. This travel risk should not alarm you and may not be significant. However, if you are concerned, we recommend that you consult with your personal physician for additional medical advice.

4. Because of your travel risk, the Food and Drug Administration (FDA) and other blood bank agencies, including the ASBP, take a conservative position with donors in this situation. Blood donations from donors with travel risks to Italy for vCJD are deemed unsuitable for transfusion and are therefore, destroyed. In addition, the Armed Services Blood Program Center requires that donor who resided in Italy for a cumulative period of 6 months or more from 1980-1996, must refrain from donating blood.

5. Your name has been added to our Donor Deferral Registry. This Registry is maintained by each of the Services. The Registry is completely confidential and used only to ensure that your blood is not collected or transfused to other patients in the future.

6. We appreciate your support of the Armed Services Blood Program. We hope that you will continue your support by encouraging others to donate.
7. If you require further information or have further questions, please contact your Health Care Provider.

Case # xxxxx xxx xxx

(Use appropriate signature block)
Chapter 8
TMDS Blood Training Slides
Training slides for entering emergency blood donors and products into Theater Medical Data Stores (TMDS). Additional training information and instructions can be obtained by contacting the USFK Surgeon Office, Korea Area Joint Blood Program Officer (indopacom.humphreys.usfk.list.fksq@mail.mil).

8-1. Introductory Slides

- **Lesson Objective:**
  - Provide an overview of how to navigate and utilize TMDS-B application for Emergency Blood Programs
  - Understand how to: register donors, enter test results, document product disposition, and manage donor rosters for emergency blood collection
Theater Medical Data Store-Blood (TMDS-B) Application

- **Lesson Topics:**
  - Pre-screen donor registration
  - Infectious Disease Test (IDT) result and deferral entry
  - Donor Roster Management
  - Whole blood collection entry
  - Rapid testing result entry
  - Transfusion disposition entry
  - Post donation Infectious Disease Test result entry

8-2. Pre-screen Donor Registration

**Pre-screen Donor Registration**

- **Topic Objective:**
  - Describe the steps to enter pre-screen donor information for inclusion on the donor roster
Pre-screen Donor Registration

- Select Manage Donations Tab -> Donate Product

Enter Donor information, click next.
Pre-screen Donor Registration

Enter Donor's Personal Data COMPLETELY. If the Donor has been Prescreened before or has donated in the past, much of the information will auto-populate.

Enter Donor's estimated redeployment date.

Enter pre-screen donation information.

Prescreen Product code:
E9999V000 - PRE-SCREEN

Pre-screens expire 90 days from the date of collection.
Pre-screen Donor Registration

Verify unit information is correct, select next.

Verify all information is correct, select Confirm Donation.
8-3. Infectious Disease Testing Results and Deferral Entry

IDT Result and Deferral Entry

• **Topic Objective:**
• Identify the steps required to enter infectious disease testing (IDT) results and deferrals after pre-screen event.
IDT Result and Deferral Entry

Pre-Screen Donor IDT Result Entry

- Select Manage Donations Tab -> Update Product

IDT Result and Deferral Entry

Pre-Screen Donor IDT Result Entry

- Enter DIN for results entry
IDT Result and Deferral Entry

Verify correct donor and DIN

Enter ABO/Rh and date samples shipped

Once IDT results are returned, enter all results under correct DIN

Select Update Tests

Donation update is complete “Donate Update-Success”
IDT Result and Deferral Entry

Deferral Entry
- Once Positive Result is entered, Donor Alert needs to be activated
- Select Manage Donor Tab -> Manage Donor
**IDT Result and Deferral Entry**

**Deferral Entry**

![Image of TMDSPortal interface with steps to enter donor information]

1. **Enter Donor information**
   - Type the first initial of the donor's first name and the first 3 letters of their last name.
   - Provide the donor's complete information.

2. **Verify correct donor information.**
   - Ensure all information is accurate.

3. **Check “Donor Alert?” and input deferral reason in “Alert Notes.”**
   - Check if there are any alerts.
   - Enter the deferral reason.

4. **Click “Update Donor.”**
   - Update the donor's status in the system.
8-4. Donor Roster Management

Donor Roster Management

- **Topic Objective:**
- Review the steps to pull available donor roster in TMDS
Donor Roster Management

Available Donor List
- Select Manage Donor Tab->View Donor List

Select desired blood type. Use Ctrl to select multiple types at once.

Include/Exclude out of date screens and donor alerts

Select COCOM

Select screening facility and “Add” to search facilities

Click “Display Donor List”
Donor Roster Management

- Eligible donors will have the selected blood type, no alerts, screen within 90 days, and have not re-deployed.

8-5. Whole Blood Collection Entry

Whole Blood Collection Entry

- **Topic Objective:**
- Understand the steps to enter fresh whole blood products in TMDS
Whole Blood Collection Entry

Enter Donor information, click next.

Enter Donor’s Personal Data COMPLETELY. If the Donor has been Prescreened before or has donated in the past, much of the information will auto-populate.

Enter Donor’s estimated redeployment date.

Enter FWB donation information.
Whole Blood Product codes:

- E0009V00 – Whole Blood/CPD
- E0053 – Whole Blood/CPDA-1

*note: Whole blood may be stored for up to 21 (CPD) or 35 (CPDA-1) days at 1-6 ℃. Contact the USFK KAJPPO for more information.
8-6. Rapid Testing Result Entry

Rapid Testing Result Entry

- **Topic Objective:**
- Understand steps for entering rapid testing result for Whole Blood (WB) collection.
Rapid Testing Result Entry

WB Rapid Testing Entry

• Select Manage Donations Tab->Update Product

Rapid Testing Result Entry

WB Rapid Testing Entry

• Enter DIN for results entry
8-7. Transfusion Disposition Entry

Transfusion disposition entry

- **Topic Objective:**
- Explain the steps required to transfuse products in TMDS.
Transfusion Disposition Entry

Transfuse product in TMDS

- Select Transfusion Tab->Transfuse Product->By List

Enter Patients SSN or Last, First Name
8-8. Post Donation Infectious Disease Testing Result Entry

Post Donation IDT Result Entry

• **Topic Objective:**
  
  • Identify the steps required to enter infectious disease results and deferrals after whole blood donation.
  
  • Post Donation IDT may be required in mature Theater of Operations as more standard logistics patterns established. Check with your Area Joint Blood Program Officer if you are unsure.
Post Donation IDT Result Entry

- Select Manage Donations Tab -> Update Product

- Enter DIN for results entry
Post donation IDT result entry

Verify that previously entered information is correct.

Input IDT results once received. If results are positive, notify collection facility immediately.
# Chapter 9

## USFK Emergency Blood Program Audit Checklist

Checklist used to inspect unit level emergency blood programs to ensure meeting minimum standards set by USFK Regulation 40-31.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Meets Requirement/ Needs Improvement</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 1. The WBB Training Program | The WBB Program has a training mechanism that meets or exceeds the requirements set forth by the USFK SG Office. This includes frequency of training and the following:  
  1.a. Prescreening  
  The Program has a method of teaching prescreening collections, frequency of screening required, shipping to testing facility, identification of low titer O and type specific donors, notification of public health representative for all positive infectious disease tests, and data entry into TMDS.  
  1.b. Emergency Collection  
  The program has a method of teaching how to safely collect units of whole blood from Donors, how to address Donor reactions, how to provide post donation care, entry of collection into TMDS Donor record, and how to conduct post collection testing to confirm at a minimum blood type from screened Donors.  
  1.c. Transfusion  
  The program has a method of teaching how to safely transfuse emergency collected whole blood and to include notification/informed consent of the Patient (recipient), follow on tracking at medical treatment facility (MTF) due to transfusion of non-FDA blood, entry of transfusion into TMDS, and notification to the KAJBPO. |                                      |       |
| 2. SOP                    | Each location has a SOP or OI that outlines their procedures for collection and transfusion of emergency blood products. These will include minimum criteria for screening, collecting, and transfusing:                                     |                                       |       |
| 2.a Screening SOP         | Each location has a screening SOP/OI that addresses: At minimum, WBB Prescreen SOP/OI will identify and address:  
  a. Material and Equipment Requirements |                                       |       |
### Screening (cont’d)

b. Records and Form Use Requirements to include:
   i. ASBP 572-EWB (Emergency Whole Blood)
   ii. Additional Forms required for testing by testing facility
   iii. Additional Forms used for tracking rapid test results
c. Quality Control requirements for testing performed
d. Procedure for prescreening to include:
   i. Minimum Donor Prescreen frequency required as directed by USFK Surgeon
   ii. Location Setup
   iii. Potential Donor Identification and evaluation Process
   iv. Phlebotomy procedure
   v. Donor record recording process to include TMDS entry
   vi. All Rapid Testing Procedures to be conducted
   vii. Shipping preparation and execution instructions for infectious disease and special testing (such as low titer testing for type O Donors)
   viii. Test results entry upon receipt of infectious disease and special testing) in TMDS
   ix. Issuance of Blood Donor ID Card.

### 2.b Collection SOP

Each location has a collection SOP/OI that addresses:

- a. Material and Equipment Requirements
- b. Records and Form Requirements to include use of Blood Donor ID Card
- c. Quality Control requirements for testing performed
- d. Process for initiation of WBB and frequency of rehearsal
- e. Donor prescreen minimum timing acceptability and minimum acceptability criteria
- f. How Donor identification is conducted
- g. Setup of location and equipment/stations
- h. Donor screening criteria and process
- i. Whole blood phlebotomy collection
| Collection SOP (cont’d) |  |  |
|------------------------|---------------------------|
| process                | i. Tubes required for infectious disease and ABO/Rh typing testing and how to collect them |
|                        | ii. How to determine maximum unit volume which can be taken per Donor |
|                        | iii. Phlebotomy site cleaning process |
|                        | iv. Phlebotomy process |
|                        | v. Post phlebotomy care |
|                        | vi. Donation reaction identification and Donor care process |
|                        | j. Shipping preparation and execution instructions for infectious disease and special testing (such as low titer testing for type “O” Donors) |
|                        | k. Test results entry upon receipt of infectious disease and special testing into TMDS. |
| 2.c Transfusion SOP     | Each location has a transfusion SOP/OI that addresses: |
|                        | a. Material and Equipment Requirements |
|                        | b. Records and Form Requirements |
|                        | c. Process for initiation transfusion |
|                        | d. How Recipient identification and blood type verification was conducted |
|                        | e. Whole blood phlebotomy collection process |
|                        | f. Transfusion reactions and responses to |
|                        | g. Method of conveyance of transfusion to next higher echelon of care |
|                        | h. Method of conveyance to USFK Surgeon Office when non-FDA transfusion occurs |
Chapter 10
TMDS Blood Unit Request Form
Form submitted to Korea Area Joint Blood Program Officer KAJBPO) for addition of a new TMDS site that will conduct emergency blood program activities. Requests will be emailed (indopacom.humphreys.usfk.list.fksg@mail.mil), attention KAJBPO.

TMDS New Blood Unit Request
Please fill out the following items as completely as possible.  

| Requestor Information | MAJ RONNIE HILL  
|-----------------------|------------------|
|                       | INDOPACOM  
|                       | Director, Korean Area Blood Program  
|                       | e.g.: CPT Peterson, BSD commander  
| Was this change authorized by a BTC or BSD commander, or by the Director, Joint Theater Blood Program (Fwd), or by ASBPO? | Yes  
|                       | Choices: YES, NO  

| Unit Information | 3CR-STRIKE  
|------------------|------------------|
| New Unit Name    | e.g.: 123rd FST  
| Type of unit     | [ ] – Blood transshipment facility  
|                  | [ ] – Blood support detachment  
|                  | [ ] – Apheresis facility  
|                  | [ ] – Role/Echelon/Level 1 medical facility  
|                  | [ ] – Role/Echelon/Level 2 medical facility  
|                  | [ ] – Role/Echelon/Level 3 medical facility  
|                  | [ ] – Role/Echelon/Level 4 medical facility  
|                  | [ ] – Foreign military facility (any echelon)  
|                  | [ ] – Aeromedical staging facility  
|                  | [ ] – Naval Ship  
|                  | [ ] – Department of State  
|                  | [ ] – Special Forces  
|                  | [ ] – Armed Services Whole Blood Processing Laboratory  
|                  | [X] – Other, please describe: Medical Line Unit  
| Location         | <enter approximate location>  
|                  | e.g.: Tarin Kowt  
| Other names (aliases) | <enter alias of site>  
|                  | e.g.: FOB Charles or N/A  
| COCOM            | PACOM  
|                  | e.g.: CENTCOM, PACOM  
| AOR              | KTO  
|                  | Choices: OND, OEF, AJS (AJBPO south)  
| Country          | Rep. of Korea  
|                  | e.g.: Kuwait  
| Blood OIC and/or NCOIC name and contact information | <enter site POC name>  
|                  | e.g.: SGT Smith, NCOIC, john.smith@us.army.mil, 555-555-1111  
| Service of the unit | USA  
|                  | e.g.: USN, USA, USAF  

USFK PAM 40-31, 16 June 2020
## Glossary

### Section I. Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AABB</td>
<td>American Association of Blood Banks</td>
</tr>
<tr>
<td>ABO</td>
<td>ABO Blood Group System, classifying type A, B, AB, O and D.</td>
</tr>
<tr>
<td>ASBPD</td>
<td>Armed Services Blood Program Office</td>
</tr>
<tr>
<td>ASBP</td>
<td>Armed Services Blood Program</td>
</tr>
<tr>
<td>ASD(HA)</td>
<td>Assistant Secretary of Defense for Health Affairs</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>DoD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>EBP</td>
<td>Emergency Blood Program</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
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<tr>
<td>FKSG</td>
<td>Office of the Command Surgeon, USFK</td>
</tr>
<tr>
<td>KAJBPO</td>
<td>Korea Area Joint Blood Program Officer</td>
</tr>
<tr>
<td>LTOWB</td>
<td>Low Titer Type O Whole Blood</td>
</tr>
<tr>
<td>MTF</td>
<td>Medical Treatment Facility</td>
</tr>
<tr>
<td>OI</td>
<td>Operational Instructions</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>TMDS</td>
<td>Theater Medical Data Stores</td>
</tr>
<tr>
<td>TS</td>
<td>Transfusion Service</td>
</tr>
<tr>
<td>US</td>
<td>United States</td>
</tr>
<tr>
<td>USFK</td>
<td>United States Forces Korea</td>
</tr>
<tr>
<td>WB</td>
<td>Whole Blood</td>
</tr>
<tr>
<td>WBB</td>
<td>Walking Blood Program</td>
</tr>
</tbody>
</table>

### Section II. Terms

**AABB (formerly American Association of Blood Banks).** A Blood Bank accrediting agency which establishes policy and standardized Blood Bank procedures.

**Area Joint Blood Program Office (AJBPO).** A tri-service staffed office responsible for overall
blood product management in a specific geographic area within a unified command theater of operations.

**Armed Services Blood Program Division (ASBPD).** A tri-service staffed DoD field operating agency responsible for ensuring implementation and coordination of Health Affairs/Defense Health Agency established blood program policies and management of blood resources

**Blood Products.** Blood and blood product components to include whole blood, red blood cells, frozen red blood cells, deglycerolized red blood cells, fresh frozen plasma, liquid plasma, cryoprecipitate and platelets.

**Blood Report (BLDREP).** Report used for requesting and providing blood product capabilities and status at various blood program activities.

**Emergency Blood Program (EBP).** A program for using prescreened donors, donors that are tested for infectious disease ahead of actual blood donation, for blood product collection and distribution in emergency situations only.

**Food and Drug Administration (FDA).** Blood Bank regulating and licensing agency which establishes regulations and requirements for use by Blood Banks involved in interstate commerce (shipping blood across State lines).

**Joint Blood Program Office (JBPO).** A tri-service staffed office responsible for overall blood products management in a unified command theater of operations.

**Low Titer Type O Whole Blood (LTOWB).** Whole blood from a type O donor found to be low titer (<1:256) for anti-A and anti-B antibodies.

**Red Blood Cells (RBC).** Separated from whole blood by removal of plasma. If drawn in the anticoagulant CPDA1, red blood cells must be transfused within 35 days of the date the blood was drawn. If frozen within six days of being drawn, they can be frozen and stored for ten years. They also may be chemically rejuvenated up to three days after expiration (38 days) and then frozen and stored for up to ten years. In Korea, the shelf-life of frozen red cells has been extended by the Armed Service Blood Program Office to 21 years.

**Standard Operating Procedures/Operational Instructions (SOP/OI).** Documented step by step procedures used for conducting medical treatment or laboratory testing.

**Service Blood Program Office (SBPO).** The organization responsible for the coordination, direction, and management of the Service’s blood program in peacetime, military contingencies, wartime, and national/natural disasters.

**Theater Medical Data Stores (TMDS).** DoD combat theater medical system of record. Contains a blood product database and prescreen donor database that is used to track transfusion of blood products to wounded service members.

**Walking Blood Bank (WBB).** A pretested Donor pool to be used for collection of whole blood (to include Emergency Whole Blood or Stored Whole Blood) or apheresis platelets for emergency use with intent to transfuse in time of contingency without full FDA infectious disease testing.