Headquarters
United States Forces Korea
Unit #15237
APO AP 96205-5237

United States Forces Korea
Pamphlet 40-31

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Medical Services

KOREA AREA EMERGENCY BLOOD PROGRAM PROCEDURES

***This pamphlet is a new edition.**

FOR THE COMMANDER:

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Command Surgeon

OFFICIAL:

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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.

Distribution. Electronic Media Only.

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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

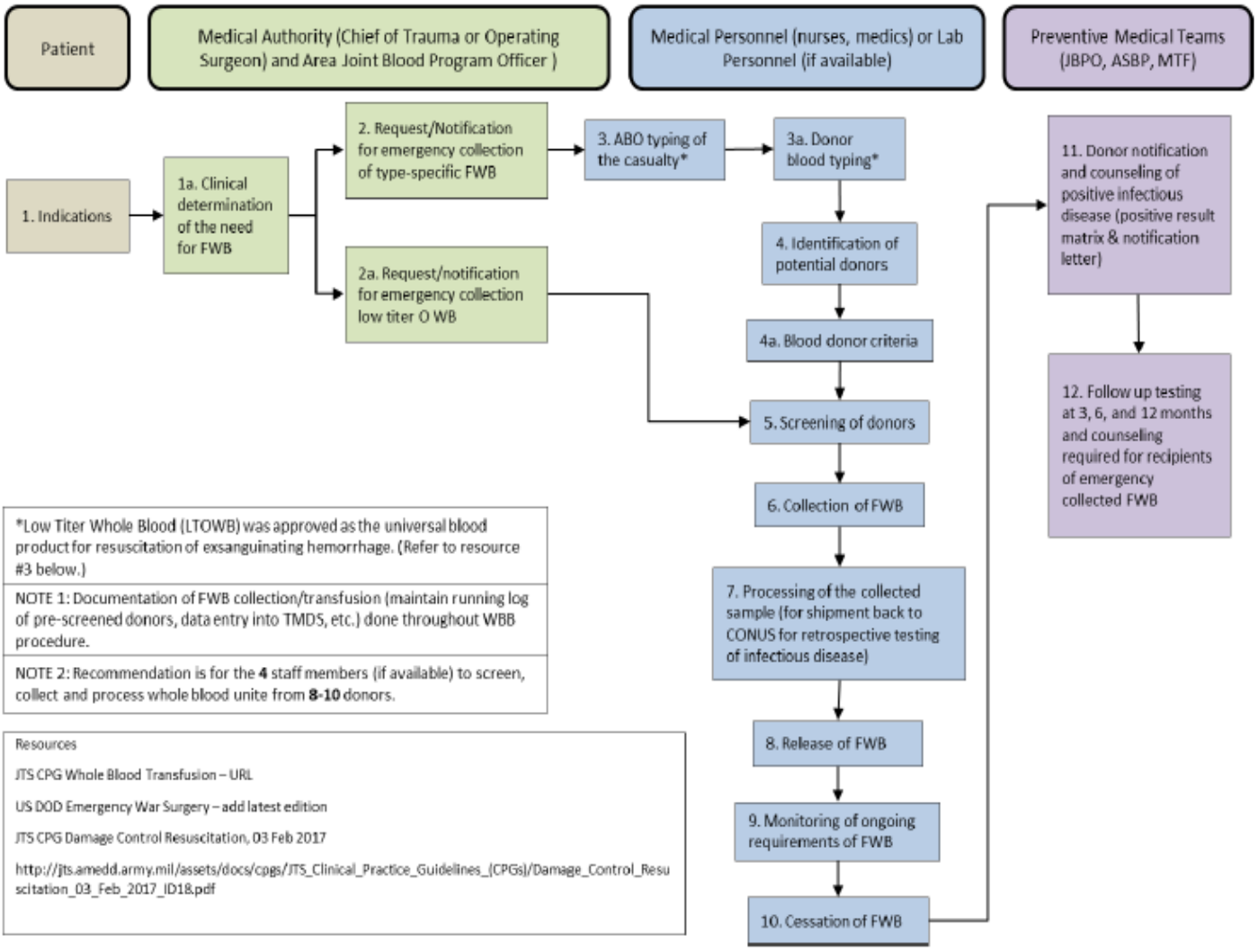
a. CPG ID: 21: Walking Blood Bank Process Map.

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:
https://jts.amedd.army.mil/assets/docs/cpgs/JTS_Clinical_Practice_Guidelines_(CPGs)/Whole_Blood_Transfusion_15_May_2018_ID21.pdf

APPENDIX A: WALKING BLOOD BANK PROCESS MAP



*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 WBB procedure.

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

Resources

JTS CPG Whole Blood Transfusion – URL

US DOD Emergency War Surgery – add latest edition

JTS CPG Damage Control Resuscitation, 03 Feb 2017

http://jts.amedd.army.mil/assets/docs/cpgs/JTS_Clinical_Practice_Guidelines_(CPGs)/Damage_Control_Resuscitation_03_Feb_2017_ID18.pdf

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.fksg@mail.mil) to allow for tailoring to individual organization's programs.

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Overview

Facility Identification and Address	<Enter Unit ID> <Enter Unit Location> <Enter Unit APO>
Purpose	To standardize the Pre-screening of Emergency Whole Blood Donor
Summary of changes	New SOP
Approval signature	<Name of OIC/Medical Lead> <Rank,Branch> <Title of Signature Authority>

<Unit Name>
DD MMM YYY Copy __ of __

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Overview, continued

Purpose	To standardize the Pre-screening of Emergency Whole Blood Donor
Principle	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.
Safety	Follow all guidelines found in a defined bloodborne pathogen safety plan. In the absence of a bloodborne pathogen safety plan, follow universal precautions.

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.

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.

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-centrifuged Purple Top tube (Whole Blood) with corresponding small bardcode ISBT Label.

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 ASBBC, Okinawa, if possible.

g. Maintain the pre-screen ASBP 572-EWB, appendix 6, until the potential donor redeploys. As soon as possible, ship samples and Form 148 in a blood box (Collins Blood Box) with ice bag(s) to ASBBC, Okinawa. E-mail a copy of the manifest to ASBBC, 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 ASBBC, 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)

Step	Action
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.

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Maintain Database (TMDS)
(Continued)

Step	Action
6	Carefully re-verify all demographic data that populates on the screen, then click Confirm Donation. Prospective donor is now entered in TMDS.
7	From Manage Donation tab, select Update Donation. Enter donation ID number and click NEXT.
8	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.
9	To register another donor, select Donate Product under Manage Donation tab and repeat process above.
10	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.
11	ASBBC, 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

Step	Action
1	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.
2	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
3	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.
4	Enter the date of collection in the block immediately under the 13 digit number.
5	Place the associated picture for the donor over the centurion picture in the top right.
6	Print the card according to your specific card printing mechanism and laminate if appropriate.
7	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.*
8	Repeat steps 1-7 for all cards associated with the prescreen event.
9	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.*
10	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.

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
- AABB Technical Manual, 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

Facility <Enter Facility Name and Address>

Procedure Information

Procedure No.: C.1	**Revision Date:**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 17	**Date Implemented:**

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

Reviewed by:	Signature	Date

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
SOP Validation

Facility <Enter facility name and address>

Procedure Information

Procedure No.:	**Validation Date:**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 8	**Proposed Effective Date:**

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

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

Equipment and Reagents Are all necessary equipment and reagents listed?

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

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

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

Validation Signature SOP Validation was performed by:

Printed Name	Signature	Date

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Coordination and Implementation

Facility <Enter Facility name and Address>

Procedure Information

Procedure No.:	**Revision Date:** :
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 8	**Date Implemented**:

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

Coordinated with...	Signature	Date
Quality Assurance		
Laboratory, XO		
Commander		
Preparer		

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

Copy #	Location	Copy #	Location
Master		6	
1		7	
2		8	
3		9	
4		10	
5		11	

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

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: • 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.

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING
Change Control

Facility <Facility Name and Address>

Procedure Information The following procedure information will be required:

Procedure No.:	**Revision Date: :**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 8	**Date Implemented:**

Nature of Change

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

Coordinated with…	Signature	Date
Quality Assurance		
Laboratory, XO		
Commander		

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

Printed Name	Signature	Date

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

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

PRE-SCREEN / EMERGENCY WHOLE BLOOD DONATION RECORD

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

DONATION IDENTIFICATION NUMBER (DIN)

(Use Donor SSN if ISBT # Not Available)

TODAY'S DATE	NAME (Last, First, Middle Initial)	RANK/RATE	USA USAF USN USMC CIV	SSN:
				DoD ID:
UNIT	UNIT LOCATION (Base and State)	AOR BASE & TENT# (if deployed)	DOB (DDMMMYYYY)	SEX: M F / ABO/Rh (Blood Type)
CURRENT MAILING ADDRESS		EMAIL ADDRESS		BEST CONTACT PHONE NUMBER

Group A Questions (ALL DONORS Must Complete)

1	Have you read and do you understand the educational materials provided to you?	Y	N	5	Have you ever received money, drugs, or other payment for sex?	Y	N
2	Have you ever used needles to take drugs, steroids, or anything not prescribed by your doctor?	Y	N	6	Have you ever had cancer, heart problems, bleeding conditions, or lung disease?	Y	N
3	Have you taken any of the medications listed on the back of this form within the timeframes shown? If Yes, write medications here. _____	Y	N	7	Have you ever had hepatitis, or have you ever taken medications for treatment or exposure to hepatitis?	Y	N
4	Have you ever had a positive test for the HIV/AIDS virus?	Y	N	8	Have you ever had Malaria, Chagas or Babesiosis?	Y	N

Interviewer: Document review and eligibility below for walking blood bank (WBB) and/or low titer group O whole blood (LTOWB) donor program.

DONORS: If you are being prescreened for a WBB or LTOWB 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 no except Q1)? Y N ***Interviewer (initials):	All disease tests negative? Y N	Eligible for WBB? Y N	Titer Result (If group O): _____ (accept if < 256)	Eligible for LTOWB? Y N	Approving Official	Low Titer ID Issued? Y N NA

Comments:

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

9	Are you feeling healthy and well today?	Y	N	18	In the past 12 months, have you lived with or had sex with a person who has hepatitis?	Y	N
10	Female donors: Have you ever been pregnant or are you pregnant now?	Y	N	19	In the past 12 months, have you had a transplant (such as organ, tissue, or bone marrow) or graft (such as bone or skin)?	Y	N
11	Female donors: Have you had sexual contact with a male who had sexual contact with another male in the past 12 months?	Y	N	20	In the past 12 months, have you had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	Y	N
12	Male donors: In the past 12 months, have you had sexual contact with another male?	Y	N	21	In the past 12 months, have you come into contact with someone else's blood?	Y	N
13	Are you currently taking malaria prophylaxis?	Y	N	22	In the past 12 months, have you had an accidental needle-stick?	Y	N
14	Are you currently taking any medications for an infection?	Y	N	23	In the past 12 months, have you had a blood transfusion?	Y	N
15	Have you had physical contact with someone who was vaccinated for smallpox in the past 8 weeks?	Y	N	24	In the past 12 months, have you had sexual contact with anyone who takes money or drugs or other payment for sex?	Y	N
16	In the past 48 hours, have you taken aspirin or anything that has aspirin in it?	Y	N	25	In the past 12 months, have you had or been treated for syphilis or gonorrhea?	Y	N
17	In the past 8 weeks, have you donated blood, platelets, or plasma?	Y	N	26	In the past 12 months, have you had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	Y	N

Comments:

Today's Date:	Temperature: °F/°C (≥ 99.5°F/37.5°C)	Blood Pressure: / Systolic: 90-180 Diastolic: 50-100	Pulse: (50-100 bpm)	Hemoglobin: Male: ≥ 13.0 g/dL Female: ≥12.5 g/dL	Weight: (≥ 110 pounds/50kg)	Vital Signs Tech:

Does Donor Qualify? Y N ***Reviewer (initials):	Phlebotomist:	Start Time	Stop Time (~15 mins)	Bag Manufacturer	Lot #	Expiration Date:	Segment #

I verify 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. If 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*

ASBP 572-EWB (Emergency Whole Blood), 5 Apr 2018

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 450-500 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 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 some 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 nor should you participate in a walking blood bank program because the medication has not cleared from your system.

Prescreen or Donating Blood Today:

Erivedge, Odomzo	Soriatane	Bovine Insulin, Human Growth Hormone, Tegison
2 years	3 years	EVER in your life

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

Eliquis, Feldene, Fragmin, Lovenox, Prodana, Savaysa, Xarelto		Aggrastat, Brilinta, Coumadin, Effient, LMW Heparin, Jantoven, Warfilone	
2 days		7 days	
Plavix, Ticlid, Zontivity	Absorica, Accutane, Amnesteem, Claravis, Myorisan, Propecia, Proscar, Sotret, Zenatane	Avodart, Jalyn	Experimental Meds/Vaccines
14 days	1 month	6 months	1 year

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 medic 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 negative 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/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/or 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

DO NOT DONATE TO GET A TEST! If you think you may be at risk for HIV/AIDS or any other infection, 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:

- Anything 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-EWB (Emergency Whole Blood), 5 Apr 2018

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Appendix 7. Form 147-Eldon Card ABO/Rh Typing Record

Rapid ABO/Rh Testing

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

Assigned Unit #	Eldon Card ABO/Rh Typing					Tech Initials	Comment
	Anti-A	Anti-B	Anti-D	Control	Interpretation		
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			

QA Review _____ Date _____

OIC Review _____ Date _____

95th MDBS Camp Humphreys
Form 147

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

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

Pre-screen/Whole Blood Sample Shipping Manifest

Pack Date: _____

Blood Unit Number			ABO/Rh	Donation Date	Donor Information					Donation Type (FWB)
Facility ID (W0140)	YR	Unit ID #			Last	First	DOB	SSN or DoD ID #	Branch of Service	

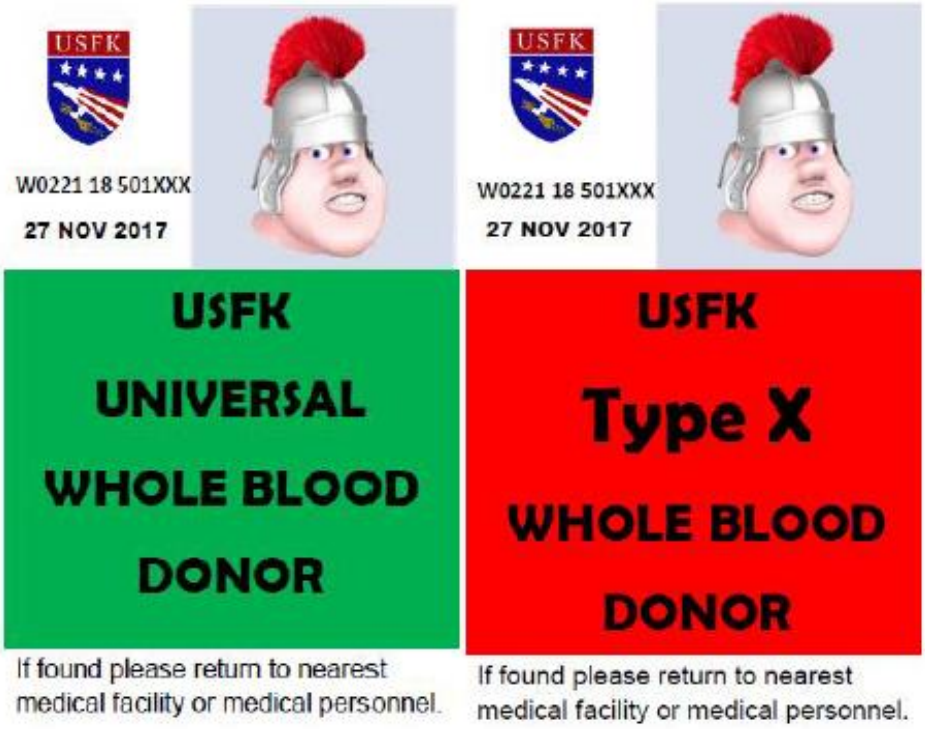
Include copy of this manifest with the sample being sent to the ASBBC. Keep the original copy in your records, do not send the original.

95th MDBS, Camp Humphreys

Form 148

EMERGENCY WHOLE BLOOD DONOR PRE-SCREENING

Appendix 9. Example Donor Cards



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.fksg@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

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Immediate Emergency Blood Drive

Principle	To provide instructions on how to collect and transfuse whole blood units during immediate or emergent need.

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

<Unit Name>
V: DD MMM YY

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Immediate Emergency Blood Drive

Activating the Emergency Whole Blood Collection	Step	Action
	1	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.
	2	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.
	3	**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.**
	4	Take measures not to deplete the supply of available donors. Collect only enough whole blood to manage Patient until evacuation to Role II+ care. *Note: Donors are deferred for 56 days (8 weeks) post donation of whole blood per AABB and FDA regulations.*

Immediate Emergency Blood Drive

	Step	Action
Donor Registration and Screening	1	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. ***NOTE: 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.***
Donor Registration and Screening	2	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).** ***NOTE: 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. 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.***
	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.

<Unit Name>
V: DD MMM YY

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Immediate Emergency Blood Drive

	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

Whole Blood Collection	Step	Action
	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.*

Immediate Emergency Blood Drive

<table>
<tr><th>Whole Blood Collection</th><th>Step</th><th>Action</th></tr>
<tr><td></td><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>
<tr><td></td><td>8</td><td>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
<table><tr><th>If</th><th>Then</th></tr><tr><td>Blood flow is impeded</td><td>Try adjusting the needle without hurting the donor.</td></tr><tr><td>If blood flow is still impeded</td><td>Seek assistance from another phlebotomist before discontinuing the phlebotomy.</td></tr></table></td></tr>
<tr><td></td><td>9</td><td>Upon obtaining adequate blood flow, deflate the cuff to 20-40 mmHg and instruct the donor relax their grip.</td></tr>
</table>

<Unit Name>
V: DD MMM YY

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Immediate Emergency Blood Drive

Whole Blood Collection	Step	Action
	10	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: • 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

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Immediate Emergency Blood Drive

Whole Blood Collection	Step	Action
	15	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).
	16	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.
	17	Remove the tourniquet or blood pressure cuff and tape strips from donor's arm.
	18	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.
	19	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.
	20	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.
	21	Immediately after collecting the unit, use a hand stripper to mix the blood in the tubing with that in the collection bag. • Strip all blood from the tubing into the primary collection bag • Mix contents in the primary collection bag • Release the stripper and allow the anticoagulated blood to re-enter the tubing • **Repeat the procedure two more times**

<Unit Name>
V: DD MMM YY

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Whole Blood Collection	Step	Action
	22	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. • Codes for "Donation Status" block: o Complete (555g–650g = 405-495 mL of WB) o Incomplete (less than 555g total to include bag weight) o Unsuccessful (no blood collected in primary collection bag) o Overfill (greater than 650g total to include bag weight) • Reaction classification for "Reaction Block" (See *G.08-2 Adverse Donor Reactions* SOP for definitions of reaction and procedures to follow): o Slight reaction o Moderate reaction o Severe reaction o No reaction
	23	If another technician is available, have them take the whole blood unit and ASBP 572-EWB to the specimen processing area.
	24	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.
	25	Ensure the donor has and understands written instructions pertaining to post-donation activities.
	26	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.

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Immediate Emergency Blood Drive

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

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

<Unit Name>
V: DD MMM YY

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Immediate Emergency Blood Drive

<table>
<tr><th>Shipping Specimens to BSD/BSU</th><th>Step</th><th>Action</th></tr>
<tr><td></td><td>1</td><td>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.</td></tr>
<tr><td></td><td>2</td><td>Place a Chuck or absorbent material in the bottom of the Styrofoam container within the Collins box.</td></tr>
<tr><td></td><td>3</td><td>Wrap each donor samples using a rubber band.</td></tr>
<tr><td></td><td>4</td><td>Wrap the samples in another Chuck and seal them in a biohazard bag.</td></tr>
<tr><td></td><td>5</td><td><table><tr><th>IF</th><th>THEN</th></tr><tr><td>Sending Whole Blood</td><td>Place 14 pounds (7 scoops) of double-bagged wet ice on top of the samples</td></tr><tr><td>Sending Plasma/ Serum Aliquots</td><td>Fill Collins box with dry ice.</td></tr></table></td></tr>
<tr><td></td><td>6</td><td>Replace the Styrofoam lid.</td></tr>
<tr><td></td><td>7</td><td>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.</td></tr>
<tr><td></td><td>8</td><td>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.</td></tr>
<tr><td></td><td>9</td><td>Address the package to :
<Insert testing facility or BSU/BSD address></td></tr>
</table>

<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

- AABB Standards, current edition.
- AABB Technical Manual, current edition.
- 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>

Procedure Information

Procedure No.:	**Revision Date:**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 13	**Date Implemented:**

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

Reviewed by:	Signature	Date

Immediate Emergency Blood Drive

SOP Validation

Facility <Enter facility name and address>

Procedure Information

Procedure No.:	Validation Date:
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 13	Proposed Effective Date:

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

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

Equipment and Reagents Are all necessary equipment and reagents listed?

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

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

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

Validation Signature SOP Validation was performed by:

Printed Name	Signature	Date

<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

Procedure No.:	**Revision Date:** :
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 13	**Date Implemented:**

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

Coordinated with...	Signature	Date
Quality Assurance		
Laboratory, XO		
Commander		
Preparer		

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

Copy #	Location	Copy #	Location
Master		6	
1		7	
2		8	
3		9	
4		10	
5		11	

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

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.

Immediate Emergency Blood Drive

Change Control

Facility <Facility Name and Address>

Procedure Information The following procedure information will be required:

Procedure No.:	**Revision Date: :**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 13	**Date Implemented:**

Nature of Change

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

Coordinated with…	Signature	Date
Quality Assurance		
Laboratory, XO		
Commander		

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

Printed Name	Signature	Date

<Unit Name>
V: DD MMM YY

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Immediate Emergency Blood Drive

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

PRE-SCREEN / EMERGENCY WHOLE BLOOD DONATION RECORD

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

DONATION IDENTIFICATION NUMBER (DIN)

(Use Donor SSN if ISBT # Not Available)

TODAY'S DATE	NAME (Last, First, Middle Initial)	RANK/RATE	USA USAF USN USMC CIV	SSN: DoD ID:
UNIT	UNIT LOCATION (Base and State)	AOR BASE & TENT# (if deployed)	DOB (DDMMMYYYY)	SEX: M F ABO/Rh (Blood Type)
CURRENT MAILING ADDRESS		EMAIL ADDRESS		BEST CONTACT PHONE NUMBER

Group A Questions (ALL DONORS Must Complete)

1	Have you read and do you understand the educational materials provided to you?	Y	N	5	Have you ever received money, drugs, or other payment for sex?	Y	N
2	Have you ever used needles to take drugs, steroids, or anything not prescribed by your doctor?	Y	N	6	Have you ever had cancer, heart problems, bleeding conditions, or lung disease?	Y	N
3	Have you taken any of the medications listed on the back of this form within the timeframes shown? If Yes, write medications here: _____	Y	N	7	Have you ever had hepatitis, or have you ever taken medication for treatment or exposure to hepatitis?	Y	N
4	Have you ever had a positive test for the HIV/AIDS virus?	Y	N	8	Have you ever had Malaria, Chagas or Babesiosis?	Y	N

Interviewer: Document review and eligibility below for walking blood bank (WBB) and/or low titer group O whole blood (LTOWB) donor program.

DONORS: If you are being **prescreened** for a WBB or LTOWB 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 no except Q3)? Y N ***Interviewer (initials):	All disease tests negative? Y N	Eligible for WBB? Y N	Titer Result (if group O): _____ (accept if < 256)	Eligible for LTOWB? Y N	Approving Official	Low Titer ID Issued? Y N NA

Comments:

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

9	Are you feeling healthy and well today?	Y	N	18	In the past 12 months, have you lived with or had sex with a person who has hepatitis?	Y	N
10	Female donors: Have you ever been pregnant or are you pregnant now?	Y	N	19	In the past 12 months, have you had a transplant (such as organ, tissue, or bone marrow) or graft (such as bone or skin)?	Y	N
11	Female donors: Have you had sexual contact with a male who had sexual contact with another male in the past 12 months?	Y	N	20	In the past 12 months, have you had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	Y	N
12	Male donors: In the past 12 months, have you had sexual contact with another male?	Y	N	21	In the past 12 months, have you come into contact with someone else's blood?	Y	N
13	Are you currently taking malaria prophylaxis?	Y	N	22	In the past 12 months, have you had an accidental needle-stick?	Y	N
14	Are you currently taking any medications for an infection?	Y	N	23	In the past 12 months, have you had a blood transfusion?	Y	N
15	Have you had physical contact with someone who was vaccinated for smallpox in the past 8 weeks?	Y	N	24	In the past 12 months, have you had sexual contact with anyone who takes money or drugs or other payment for sex?	Y	N
16	In the past 48 hours, have you taken aspirin or anything that has aspirin in it?	Y	N	25	In the past 12 months, have you had or been treated for syphilis or gonorrhea?	Y	N
17	In the past 8 weeks, have you donated blood, platelets, or plasma?	Y	N	26	In the past 12 months, have you had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	Y	N

Comments:

Today's Date:	Temperature: °F/°C (≥99.5°F/37.5°C)	Blood Pressure: / Systolic: 90-180 Diastolic: 50-100	Pulse: (50-100 bpm)	Hemoglobin: Male: ≥ 12.0 g/dL Female: ≥12.5 g/dL	Weight: (≥ 110 pounds/50kg)	Vital Signs Tech:

Does Donor Qualify? Y N ***Reviewer (initials):	Phlebotomist:	Start Time	Stop Time (<15 mins)	Bag Manufacturer	Lot #	Expiration Date:	Segment #

I verify 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. If 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*

ASBP 572-EWB (Emergency Whole Blood), 5 Apr 2018

<Unit Name>
V: DD MMM YY

MASTER COPY LOCATED AT FKSG

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 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 some 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 nor should you participate in a walking blood bank program because the medication has not cleared from your system.

Prescreen or Donating Blood Today:

Erivedge, Odomzo	Soriatane	Bovine Insulin, Human Growth Hormone, Tegison
2 years	3 years	**EVER** in your life

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

Eliquis, Feldene, Fragmin, Lovenox, Pradaxa, Savaysa, Xarelto		Aciotx, Brilinta, Coumadin, Effient, LMW Heparin, Jantoven, Warfilone	
2 days		7 days	
Plavix, Ticlid, Zontivity	Absonica, Accutane, Amnesteem, Claravis, Myorisan, Propecia, Proscar, Sotret, Zenatane	Avodart, Jalyn	Experimental Meds/Vaccines
14 days	1 month	6 months	1 year

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 medic 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 negative 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/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/or 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

DO NOT DONATE TO GET A TEST! If you think you may be at risk for HIV/AIDS or any other infection, 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:

- Anything 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-EWB (Emergency Whole Blood), 5 Apr 2018

<Unit Name>
V: DD MMM YY

MASTER COPY LOCATED AT FKSG

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

Rapid ABO/Rh Testing

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

Assigned Unit #	Eldon Card ABO/Rh Typing					Tech Initials	Comment
	Anti-A	Anti-B	Anti-D	Control	Interpretation		
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
	+ -	+ -	+ -	+ -			
	+ =	+ =	+ =	+ =			
	+ -	+ -	+ -	+ -			
	+ =	+ =	+ =	+ =			
	+ -	+ -	+ -	+ -			
	+ =	+ =	+ =	+ =			
	+ =	+ =	+ =	+ =			
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	+ =	+ =	+ =	+ =			
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	+ =	+ =	+ =	+ =			
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	+ -	+ -	+ -	+ -			

QA Review ______________________ Date ______________________

OIC Review ______________________ Date ______________________

95th MDBS Camp Humphreys
Form 147

<Unit Name>
V: DD MMM YY

MASTER COPY LOCATED AT FKSG

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

Pre-screen/Whole Blood Sample Shipping Manifest

Pack Date: _____

Blood Unit Number			ABO/Rh	Donation Date	Donor Information					Donation Type (FWB)
Facility ID (W0140)	YR	Unit ID #			Last	First	DOB	SSN or DoD ID #	Branch of Service	

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

95th MDBS, 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

Purpose	To standardize the Transfusion of Emergency Whole Blood (EWB)
Principle	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.**
Safety	Follow all guidelines found in a defined bloodborne pathogen safety plan. In the absence of a bloodborne pathogen safety plan, follow universal precautions.
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.

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

handling. Bleed any air from tubing and insure clamps are secure on tubing.

c. 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.

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

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, untitered 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
- AABB Technical Manual, 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.

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

Facility <Enter Facility Name and Address>

Procedure Information

Procedure No.:	**Revision Date:**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 5	**Date Implemented:**

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

Reviewed by:	Signature	Date

EMERGENCY WHOLE BLOOD TRANSFUSION

SOP Validation

Facility <Enter facility name and address>

Procedure Information

Procedure No.:	**Validation Date:**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 5	**Proposed Effective Date:**

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

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

Equipment and Reagents Are all necessary equipment and reagents listed?

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

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

If response is…	Then…
YES	Proceed to next question.
NO	Comment:

Validation Signature SOP Validation was performed by:

Printed Name	Signature	Date

EMERGENCY WHOLE BLOOD TRANSFUSION

Coordination and Implementation

Facility <Enter Facility name and Address>

Procedure Information

Procedure No.:	**Revision Date:** :
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 5	**Date Implemented**:

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

Coordinated with...	Signature	Date
Quality Assurance		
Laboratory, XO		
Commander		
Preparer		

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

Copy #	Location	Copy #	Location
Master		6	
1		7	
2		8	
3		9	
4		10	
5		11	

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.

EMERGENCY WHOLE BLOOD TRANSFUSION

Change Control

Facility <Facility Name and Address>

Procedure Information The following procedure information will be required:

Procedure No.: C.2	**Revision Date: :**
Title: Emergency Whole Blood Collection Donor Pre-Screening	
Total Pages: 10	**Date Implemented:**

Nature of Change

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

Coordinated with…	Signature	Date
Quality Assurance		
Laboratory, XO		
Commander		

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

Printed Name	Signature	Date

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

Rapid ABO/Rh Testing

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

Assigned Unit #	Eldon Card ABO/Rh Typing					Tech Initials	Comment
	Anti-A	Anti-B	Anti-D	Control	Interpretation		
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
	+ =	+ =	+ =	+ =			
	+ −	+ −	+ −	+ −			
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QA Review _____ Date _____

OIC Review _____ Date _____

95th MDBS Camp Humphreys
Form 147

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.fksg@mail.mil) to allow for tailoring to individual organization's programs.

7-1. HIV Antibody Repeat Reactive, Western Blot Negative

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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 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.

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

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG 23 APR 2019

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.

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-XXX

7-3. HIV Antibody Repeat Reactive, Western Blot Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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

7-4. HIV 2 Antibody Repeat Reactive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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*>.

(Use appropriate signature block)

Case number 2015-031

7-5. HTLV Antibody Repeat Reactive, Secondary Antibody Test Negative

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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 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

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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*>.

(Use appropriate signature block)

Case number 2015-031

7-7. HTLV Antibody Repeat Reactive, Confirmation Test Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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 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

7-8. HCV Antibody Repeat Reactive, Confirmation Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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 your 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>*.

(Use appropriate signature block)

Case number 2015-031

7-9. HCV Antibody Positive, Repeat Negative

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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*>.

(Use appropriate signature block)

Case number 2015-031

7-10. HCV Antibody Repeat Reactive, Confirmation Not Performed/Available

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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*>.

(Use appropriate signature block)

Case number 2015-031

7-11. HCV Antibody Repeat Reactive, Confirmation Negative

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG

25 AUG 2015

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>*.

(Use appropriate signature block)

Case number 2015-031

7-12. HBV Surface Antigen Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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>*.

(Use appropriate signature block)

Case number 2015-031

7-13. HBV Core Antibody Positive Multiple Donations, Surface Antigen Negative

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG 17 JAN 2019

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.

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 2019-003

7-14. Nucleic Acid Test (NAT) Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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*>.

(Use appropriate signature block)

Case number 2015-031

7-15. West Nile Virus Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 [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*>.

(Use appropriate signature block)

Case number 2015-031

7-16. Chagas Disease Antibody Positive, Confirmation Indeterminate

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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 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 *Trypamosoma 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

7-17. Positive Anti-D Antibody Screen

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

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

7-18. Positive Other Antibody Screen

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG 25 AUG 2015

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

2

7-19. Hepatitis B Core Antibody Positive, Nucleic Acid Test Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG 25 AUG 2015

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 Hepatitas B Surface Antigen (HBsAg), a protein associated with the Hepatitas 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

7-20. Syphilis Test Positive

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG 25 AUG 2015

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

7-21. Variant Creutzfeldt-Jakob Disease (vCJD) Travel Deferral

DEPARTMENT OF DEFENSE
HEADQUARTERS, UNITED STATES FORCES KOREA
UNIT #15237
APO, AP 96271

REPLY TO
ATTENTION OF

FKSG 25 AUG 2015

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.

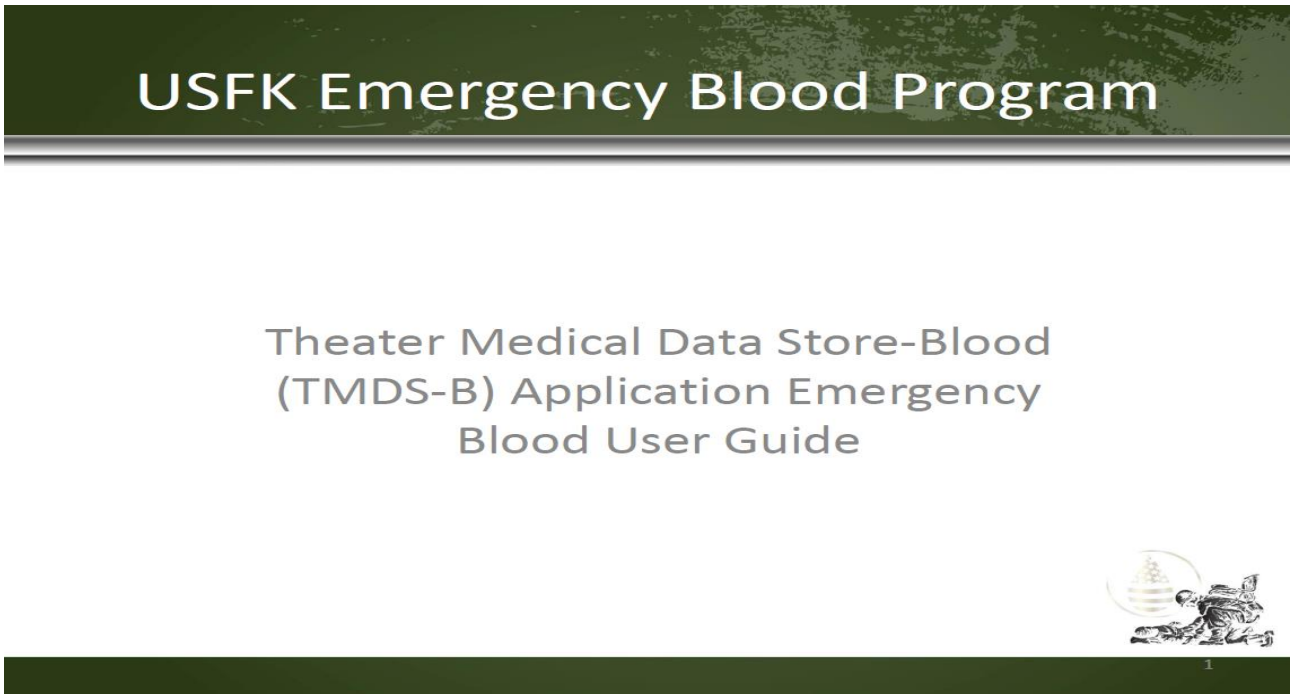
7. If you require further information or have further questions, please contact your Health Care Provider.

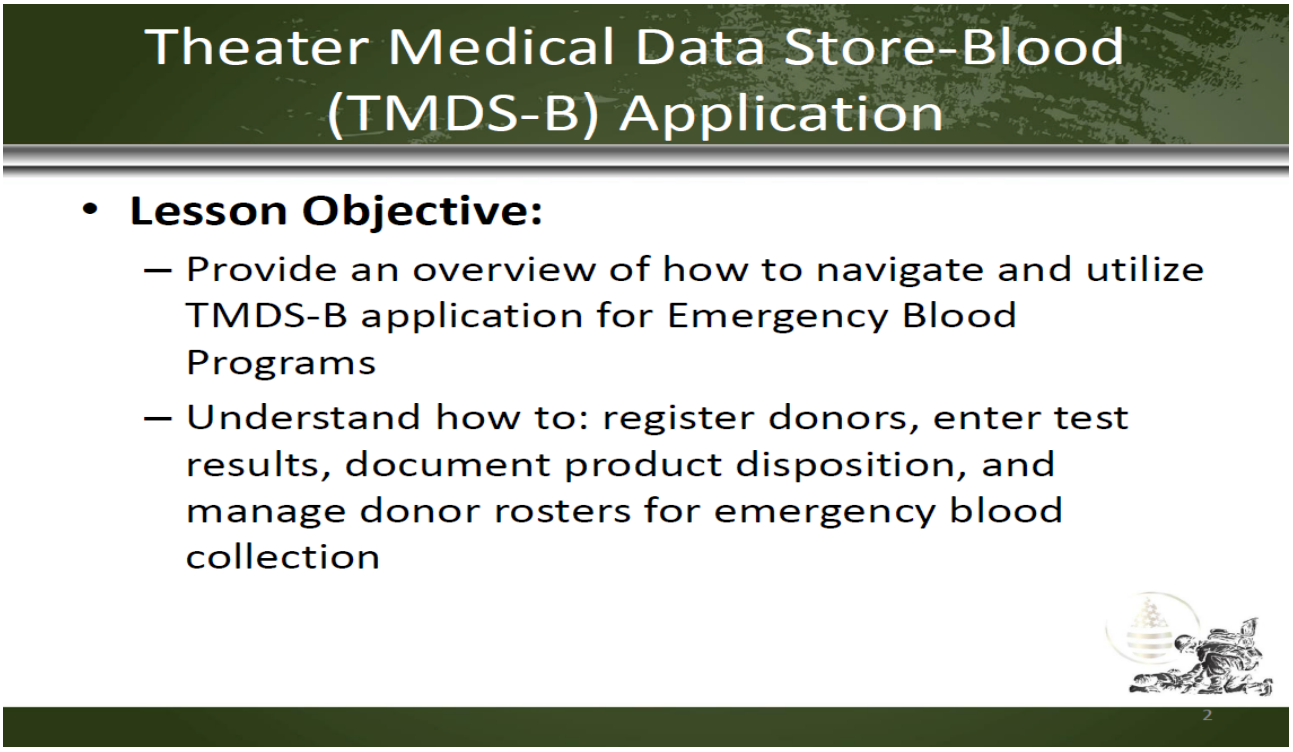
(Use appropriate signature block)

Case # xxxx xx xxx

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.fksg@mail.mil).

8-1. Introductory Slides





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

3

8-2. Pre-screen Donor Registration

Pre-screen Donor Registration

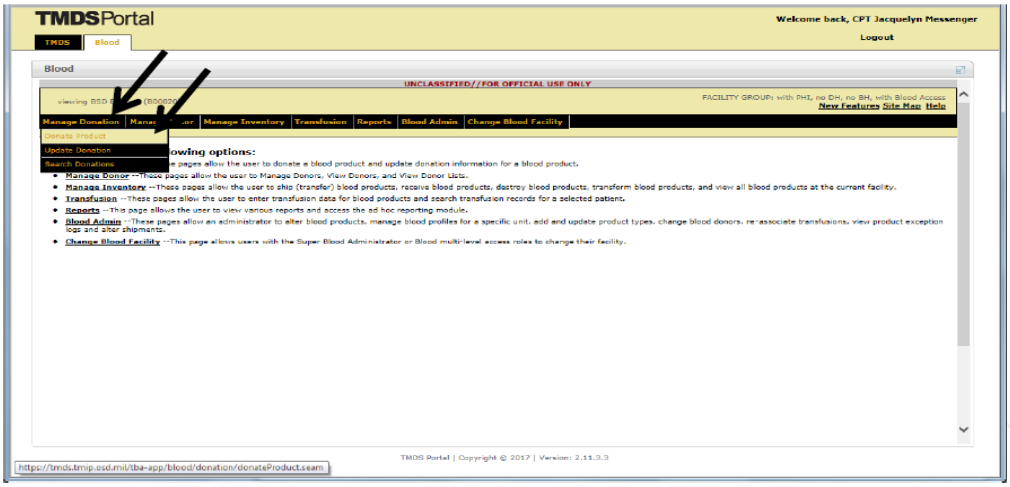
- **Topic Objective :**
- Describe the steps to enter pre-screen donor information for inclusion on the donor roster

4

Pre-screen Donor Registration

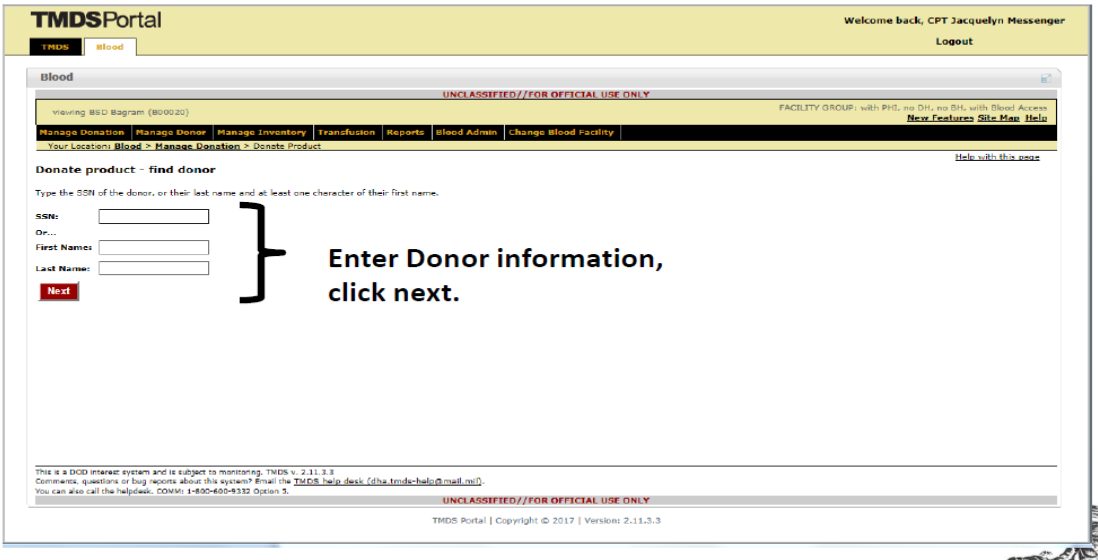
Pre-Screen Donor Registration

- Select Manage Donations Tab->Donate Product



5

Pre-screen Donor Registration



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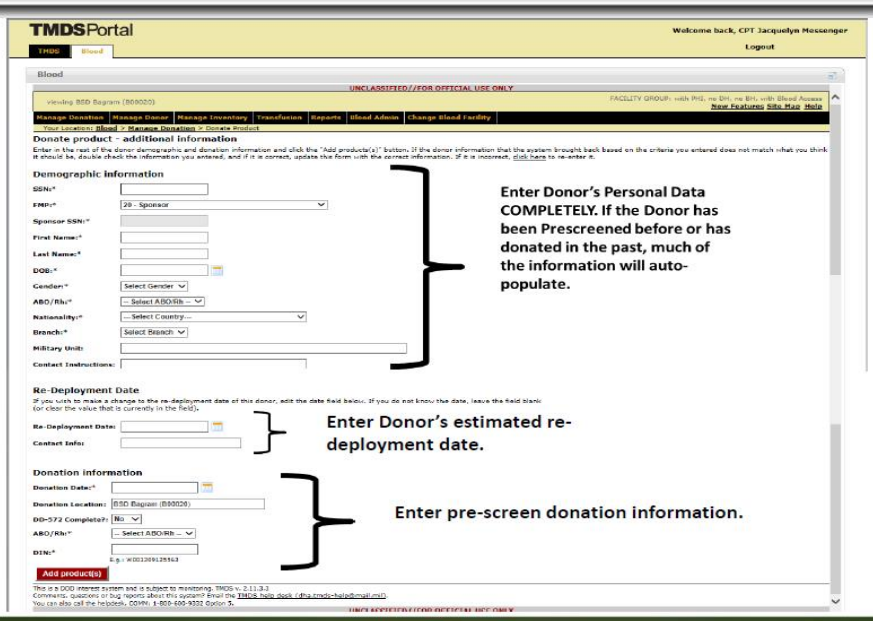
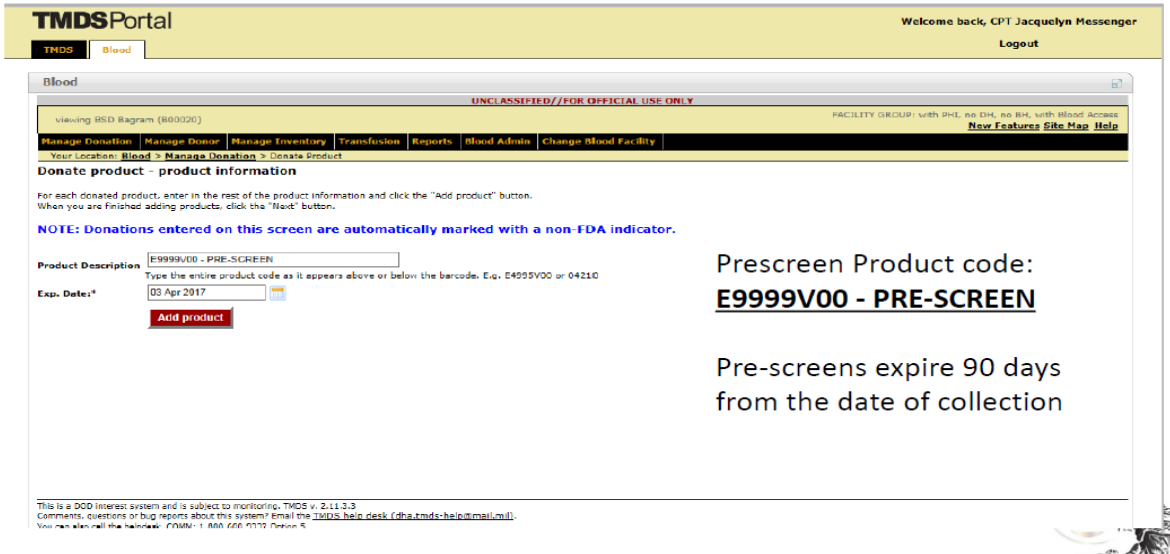
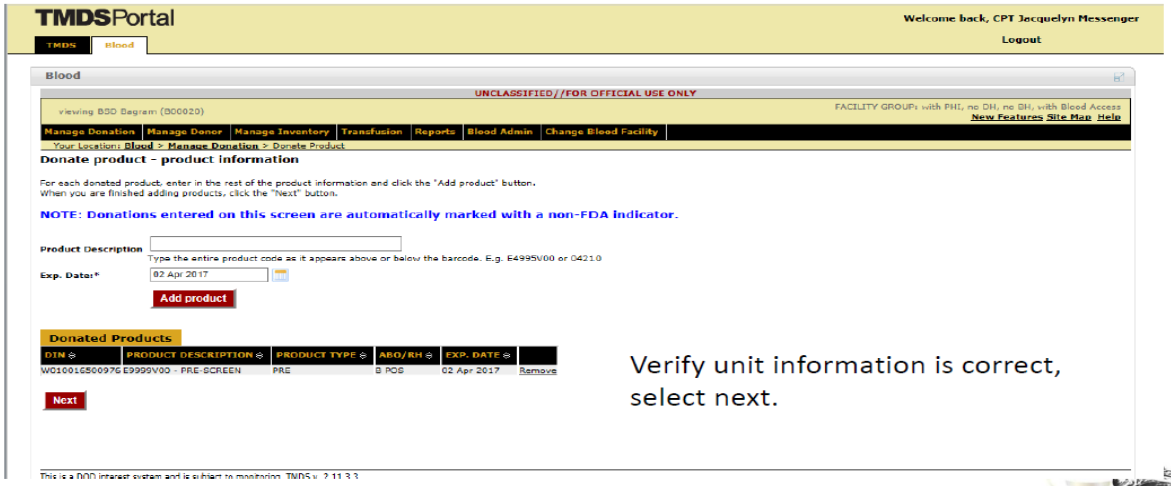
Pre-screen Donor Registration



Pre-screen Donor Registration

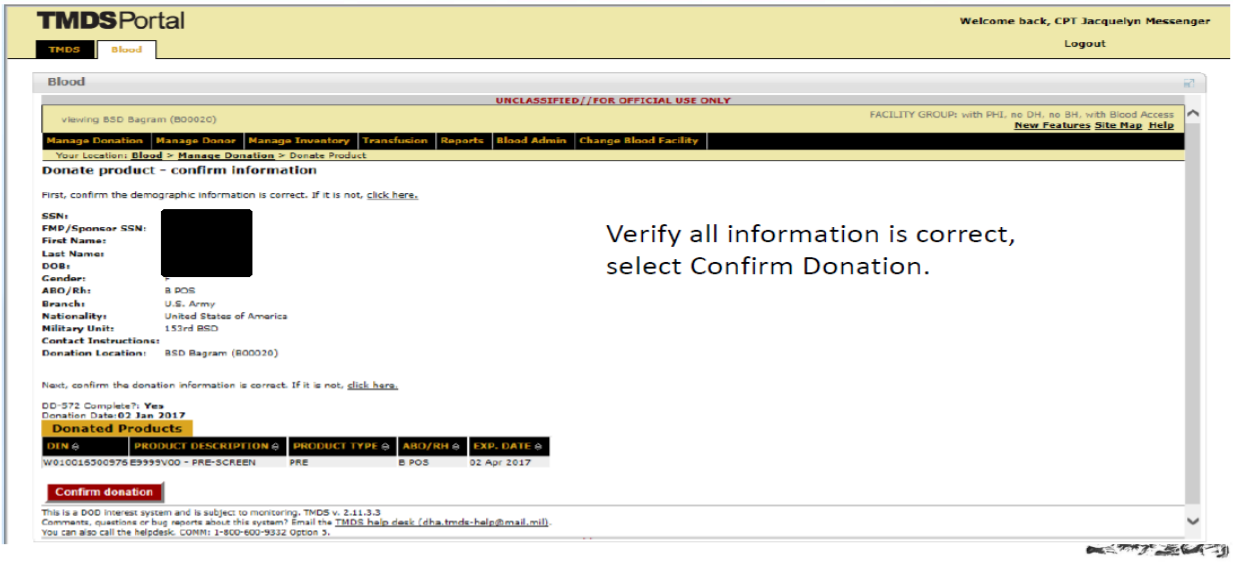


Pre-screen Donor Registration



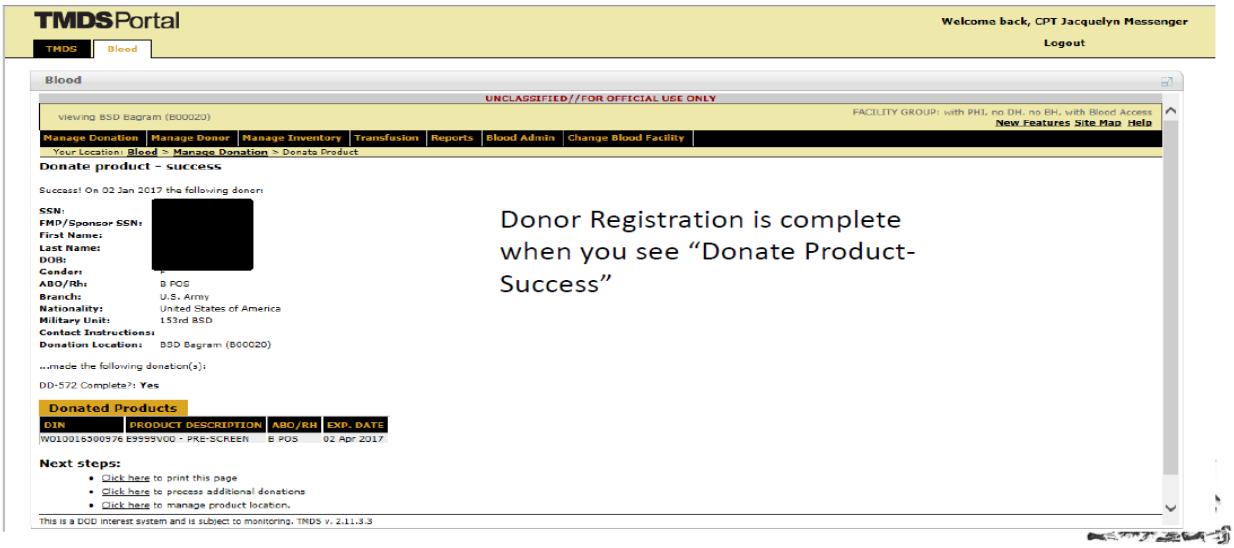
Verify unit information is correct, select next.

Pre-screen Donor Registration



Verify all information is correct, select Confirm Donation.

Pre-screen Donor Registration



11

8-3. Infectious Disease Testing Results and Deferral Entry

IDT Result and Deferral Entry

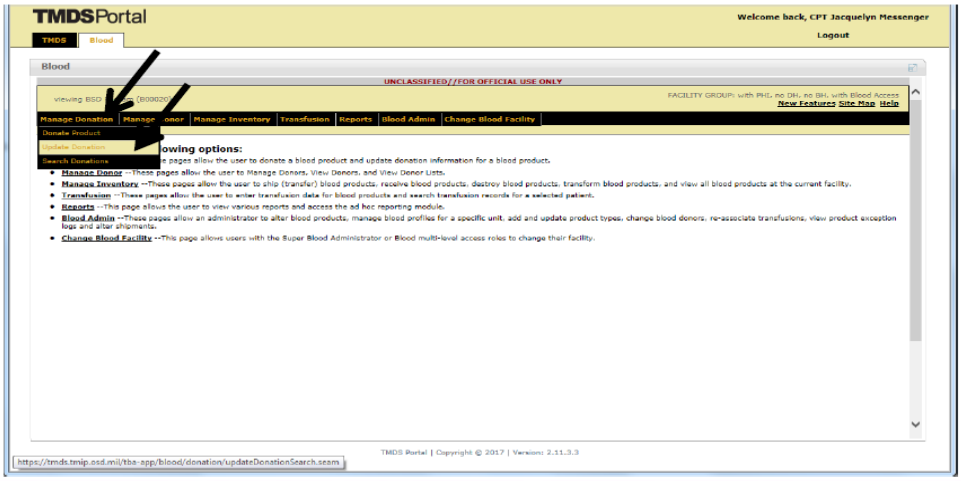
- **Topic Objective :**
- Identify the steps required to enter infectious disease testing (IDT) results and deferrals after pre-screen event.

12

IDT Result and Deferral Entry

Pre-Screen Donor IDT Result Entry

- Select Manage Donations Tab->Update Product

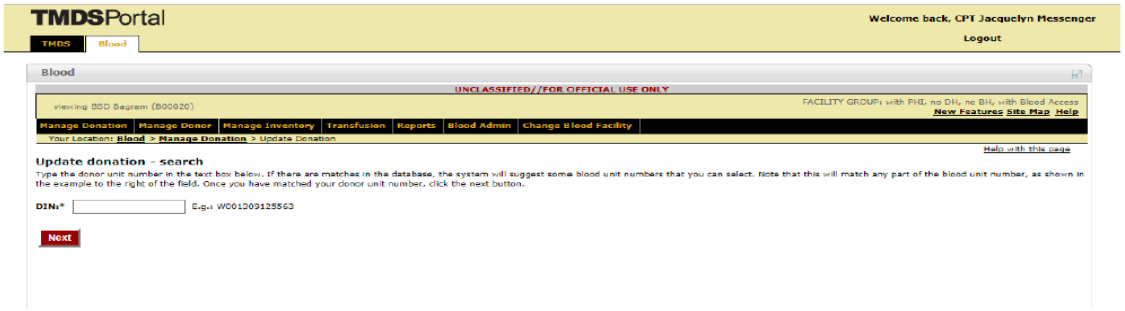


13

IDT Result and Deferral Entry

Pre-Screen Donor IDT Result Entry

- Enter DIN for results entry



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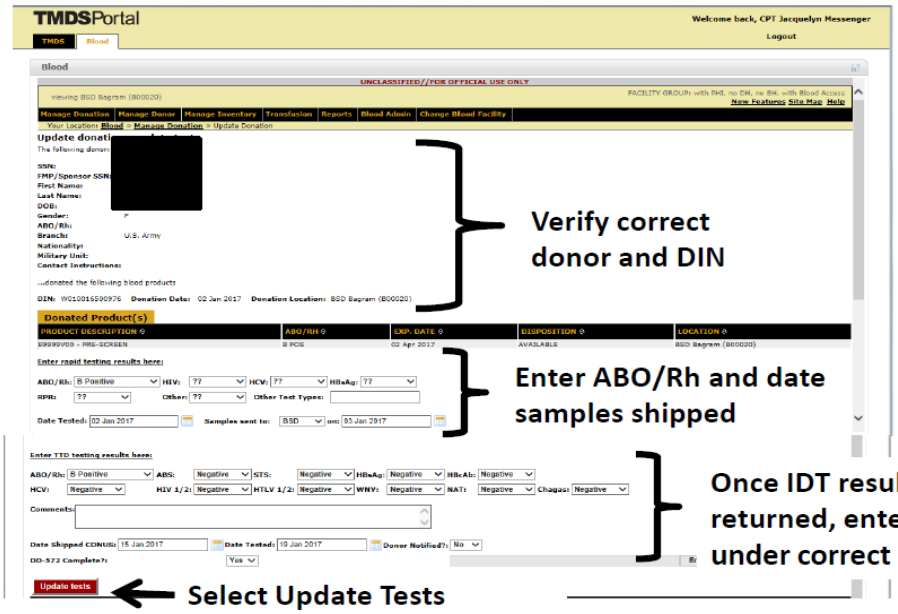
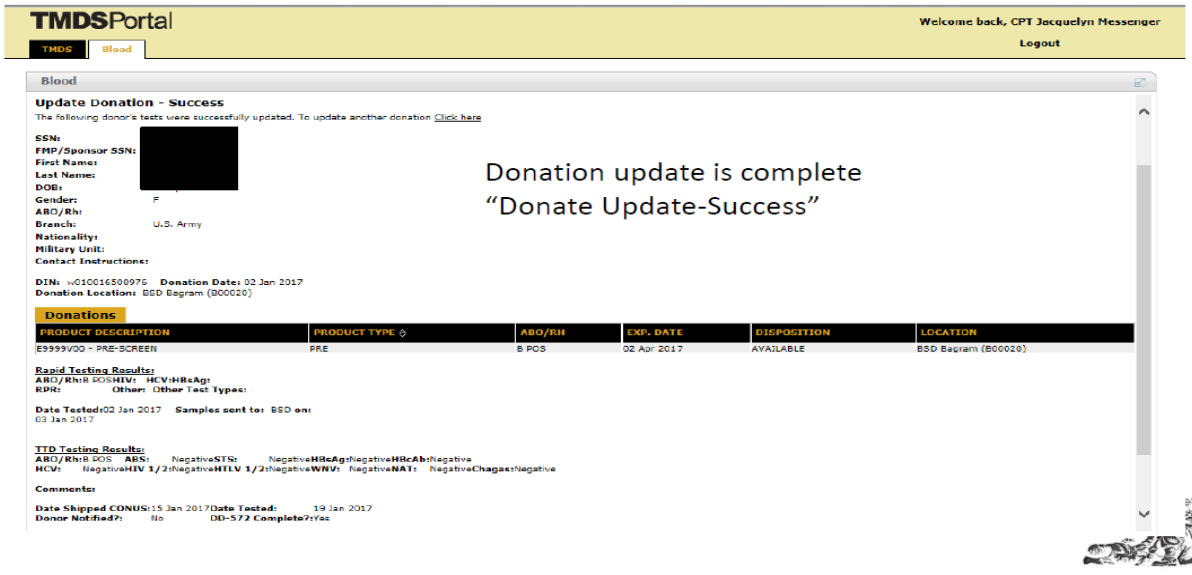
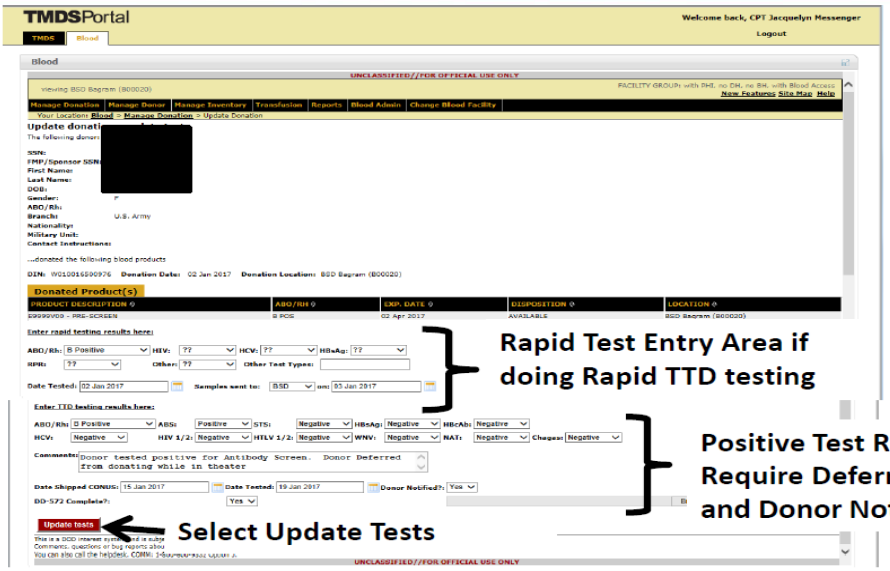
IDT Result and Deferral Entry



IDT Result and Deferral Entry



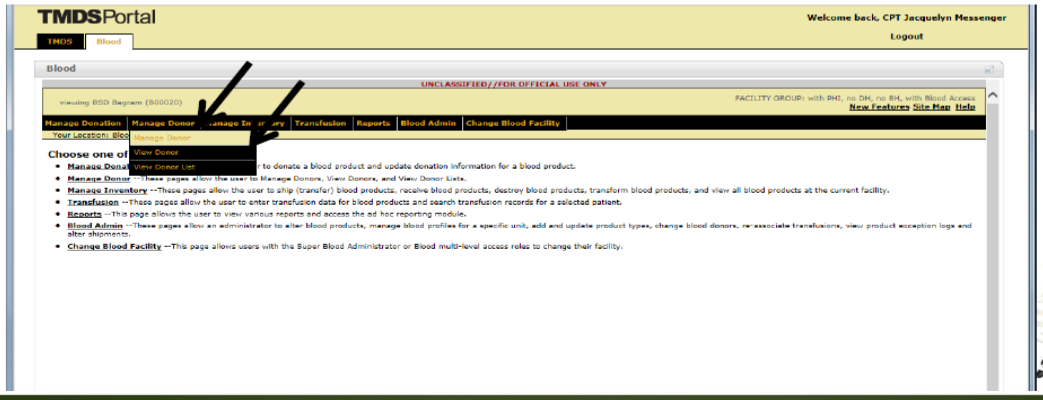
IDT Result and Deferral Entry



IDT Result and Deferral Entry

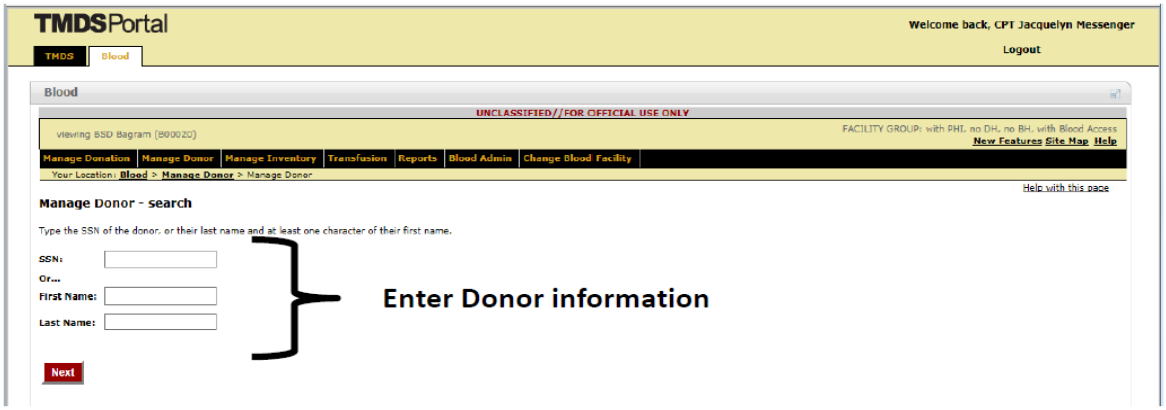
Deferral Entry

- Once Positive Result is entered, Donor Alert needs to be activated
- Select Manage Donor Tab->Manage Donor

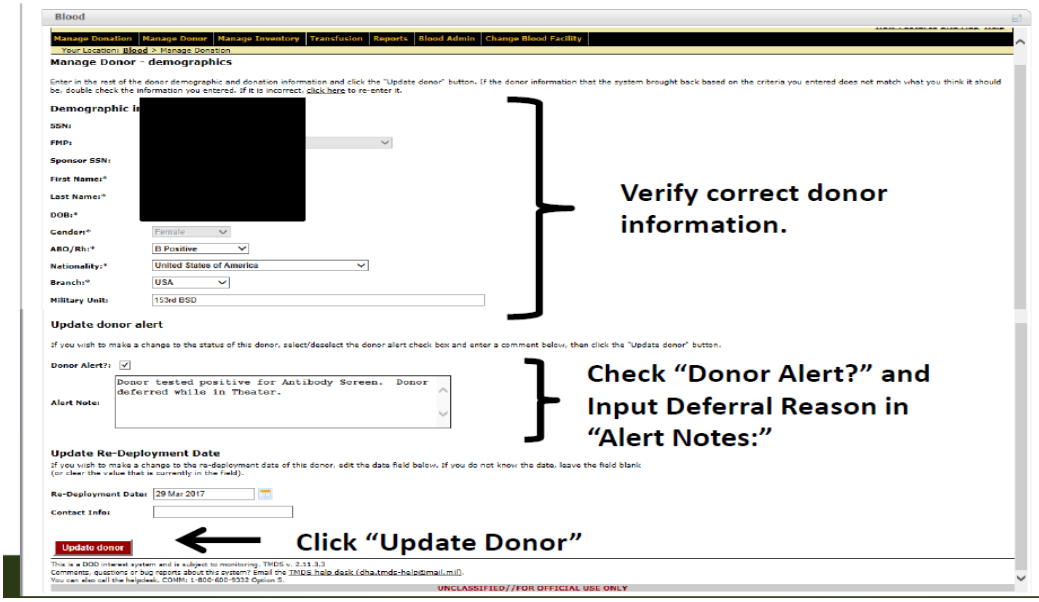


IDT Result and Deferral Entry

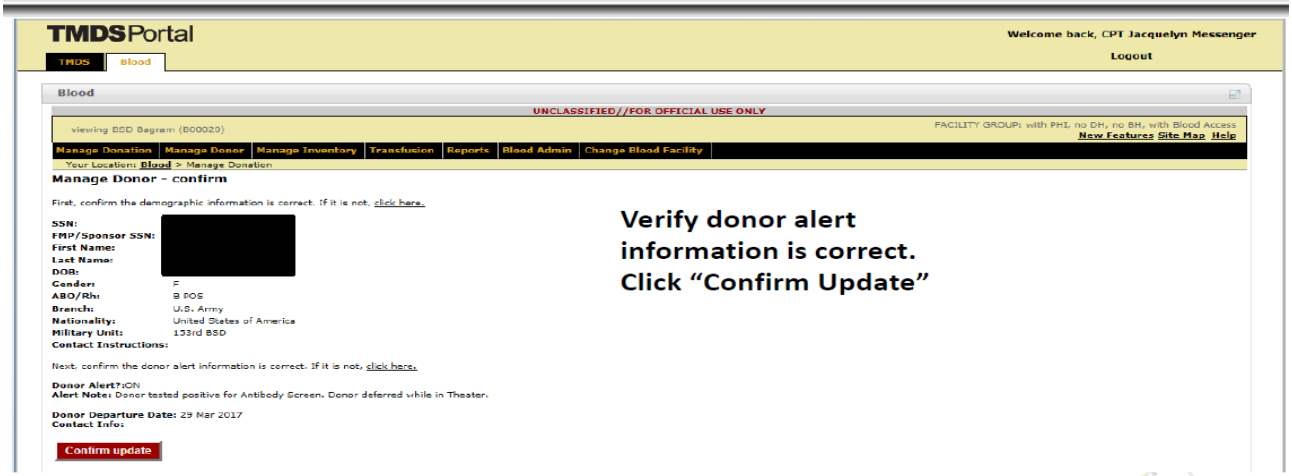
Deferral Entry



IDT Result and Deferral Entry



IDT Result and Deferral Entry



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8-4. Donor Roster Management

Donor Roster Management

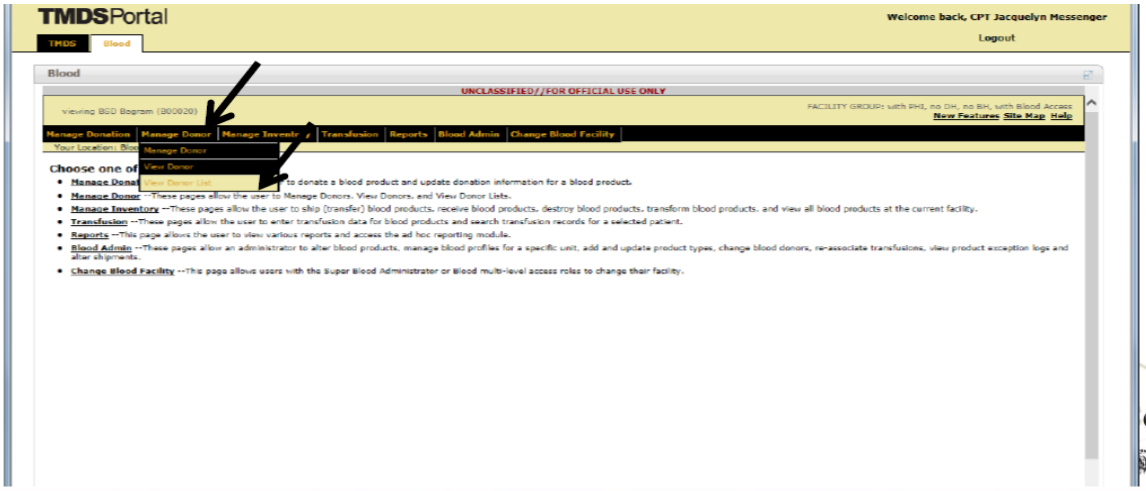
- **Topic Objective :**
- Review the steps to pull available donor roster in TMDS

22

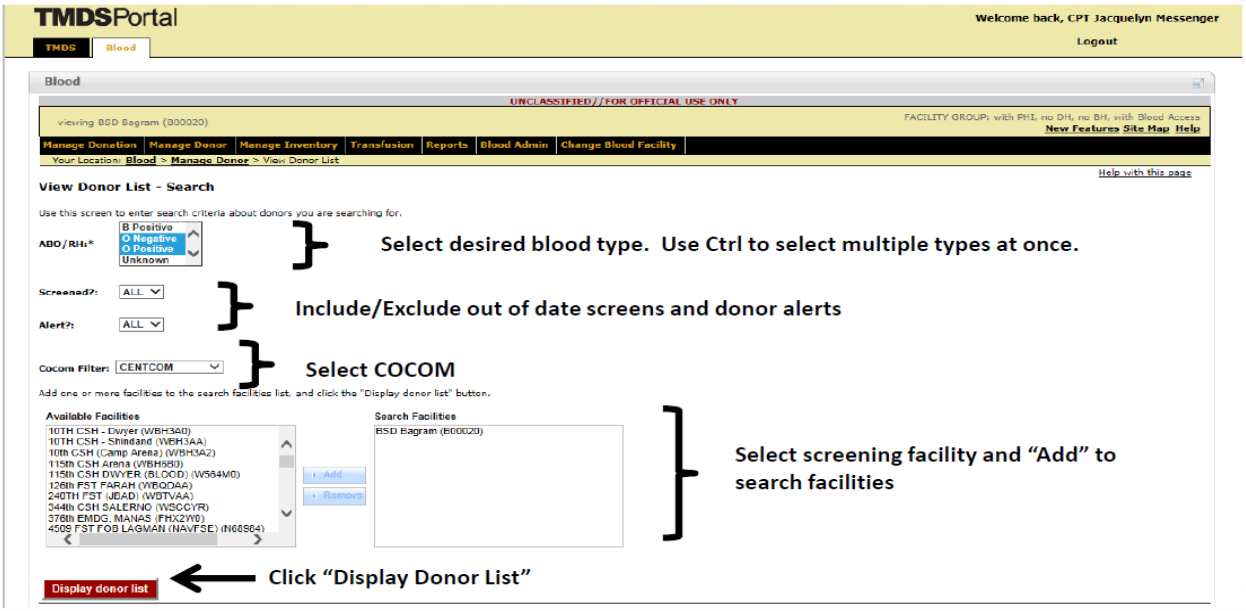
Donor Roster Management

Available Donor List

- Select Manage Donor Tab->View Donor List

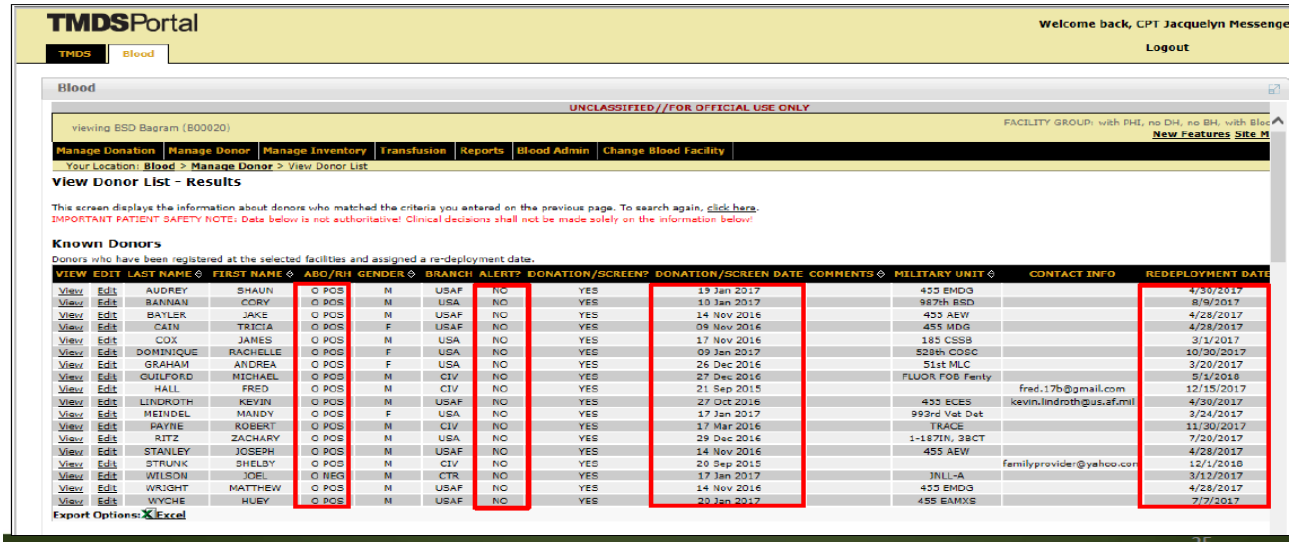


Donor Roster Management



Donor Roster Management

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



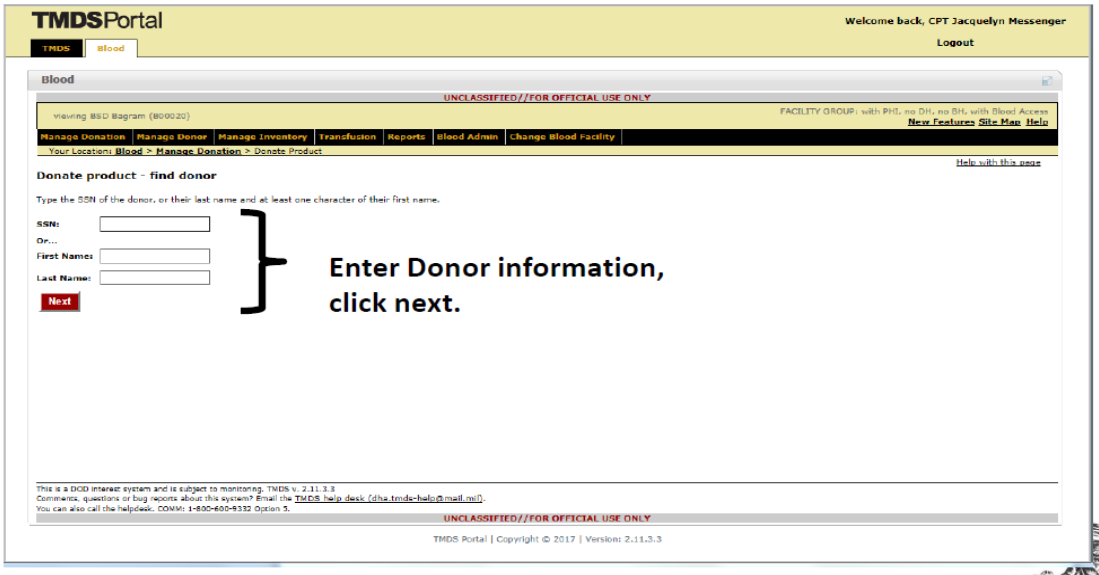
8-5. Whole Blood Collection Entry

Whole Blood Collection Entry

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

26

Whole Blood Collection Entry



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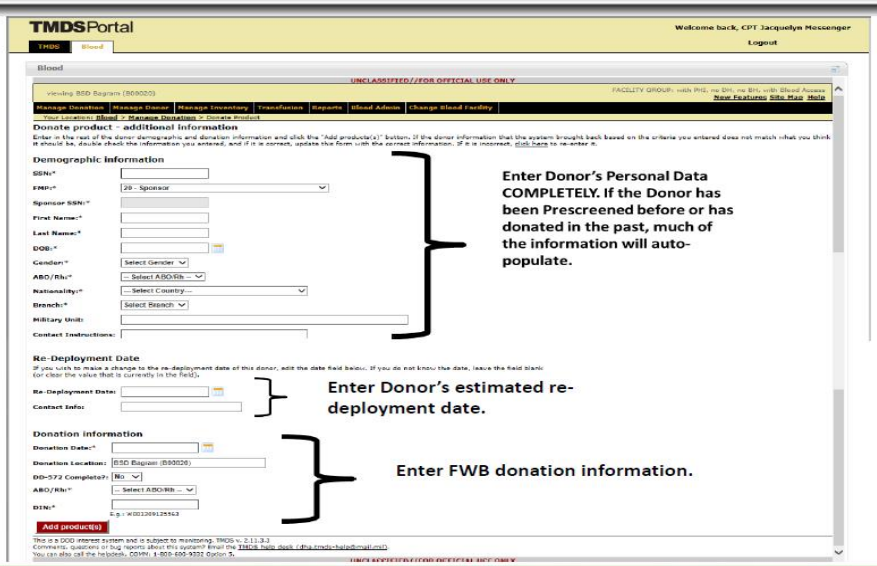
Whole Blood Collection Entry



28

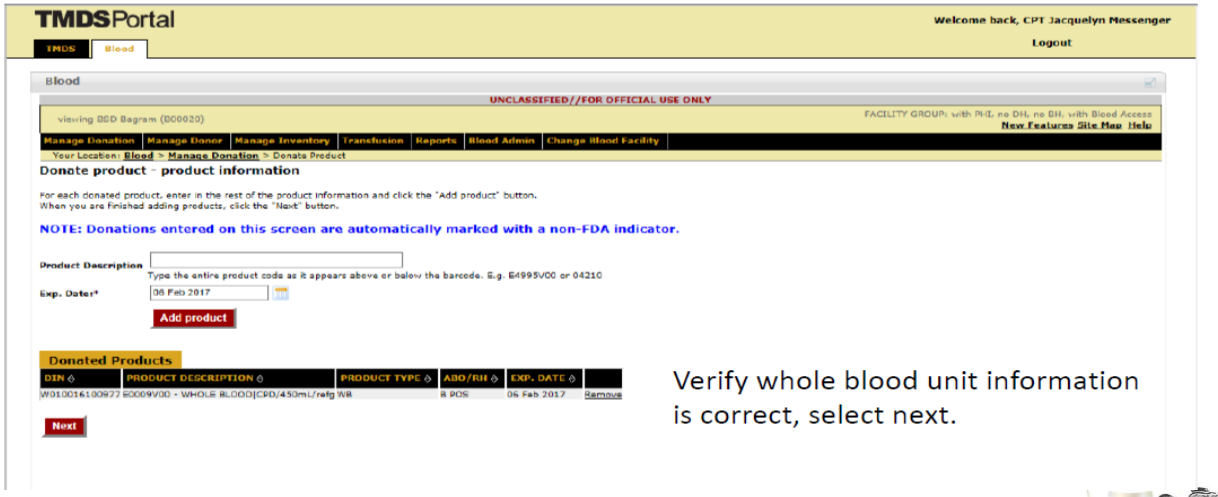
Whole Blood Collection Entry

Whole Blood Product codes:
E0009V00 – Whole Blood/CPD
Or
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 KAJBPO for more information.*

29

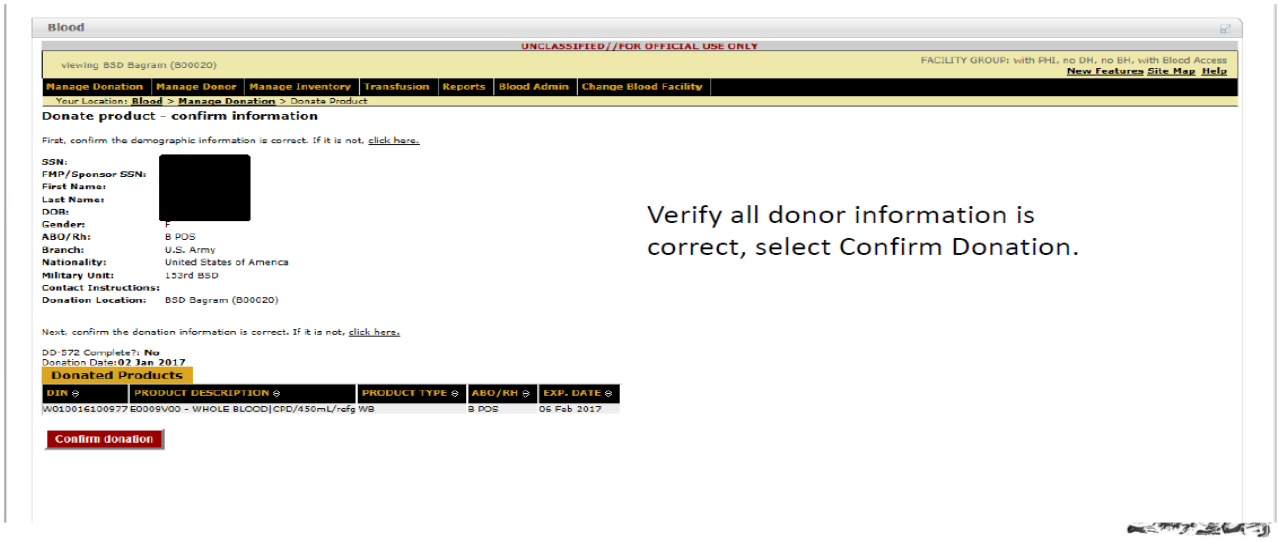
Whole Blood Collection Entry



Verify whole blood unit information is correct, select next.

30

Whole Blood Collection Entry



31

8-6. Rapid Testing Result Entry

Rapid Testing Result Entry

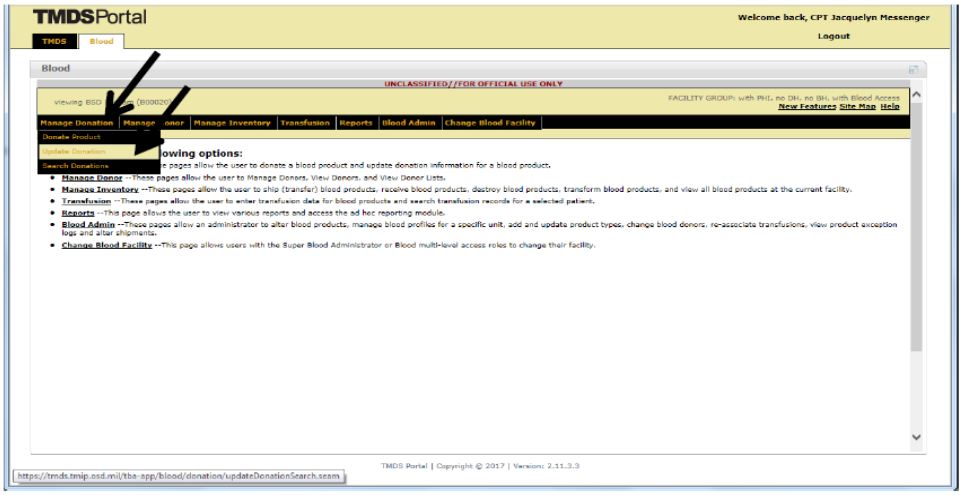
- **Topic Objective :**
- Understand steps for entering rapid testing result for Whole Blood (WB) collection.

32

Rapid Testing Result Entry

WB Rapid Testing Entry

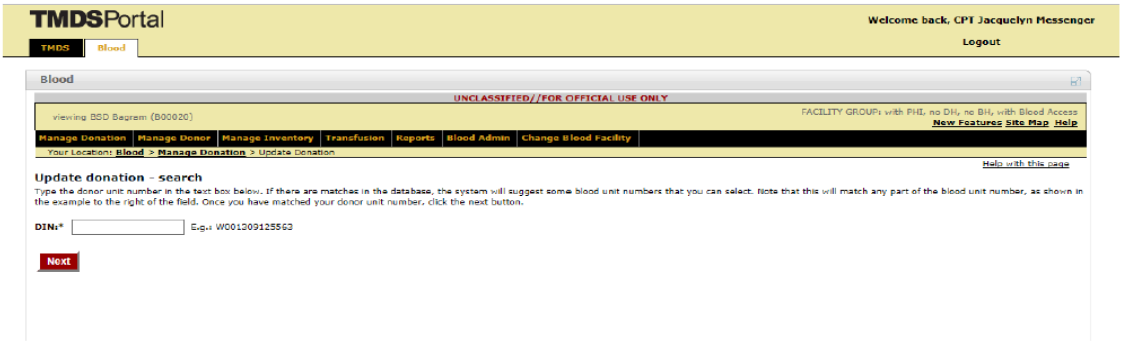
- Select Manage Donations Tab->Update Product



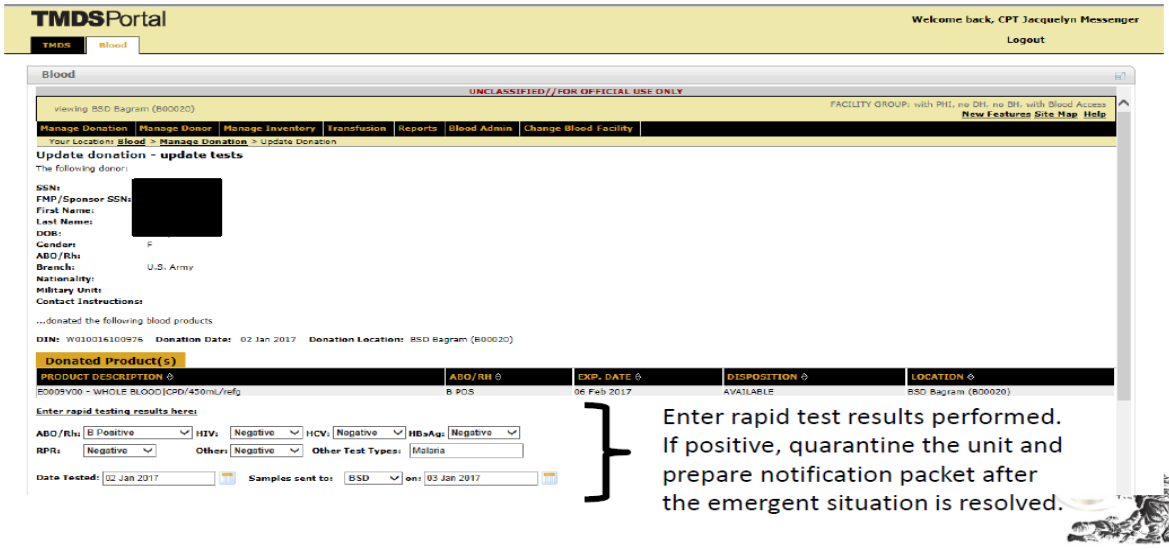
Rapid Testing Result Entry

WB Rapid Testing Entry

- Enter DIN for results entry



Rapid testing result entry



8-7. Transfusion Disposition Entry

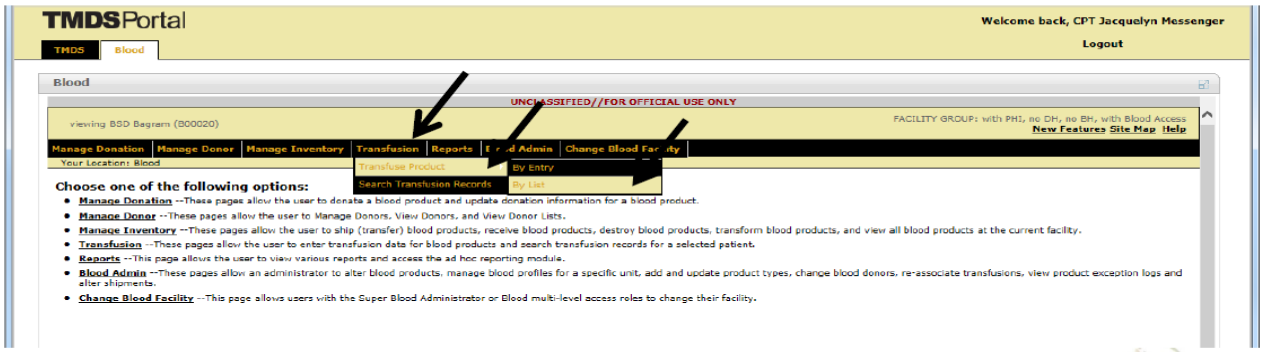
Transfusion disposition entry

- **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



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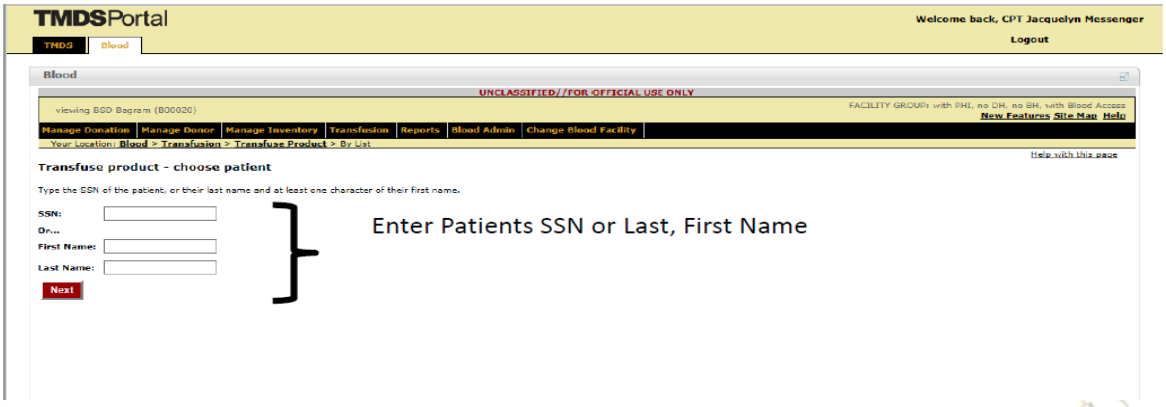
Transfusion Disposition Entry



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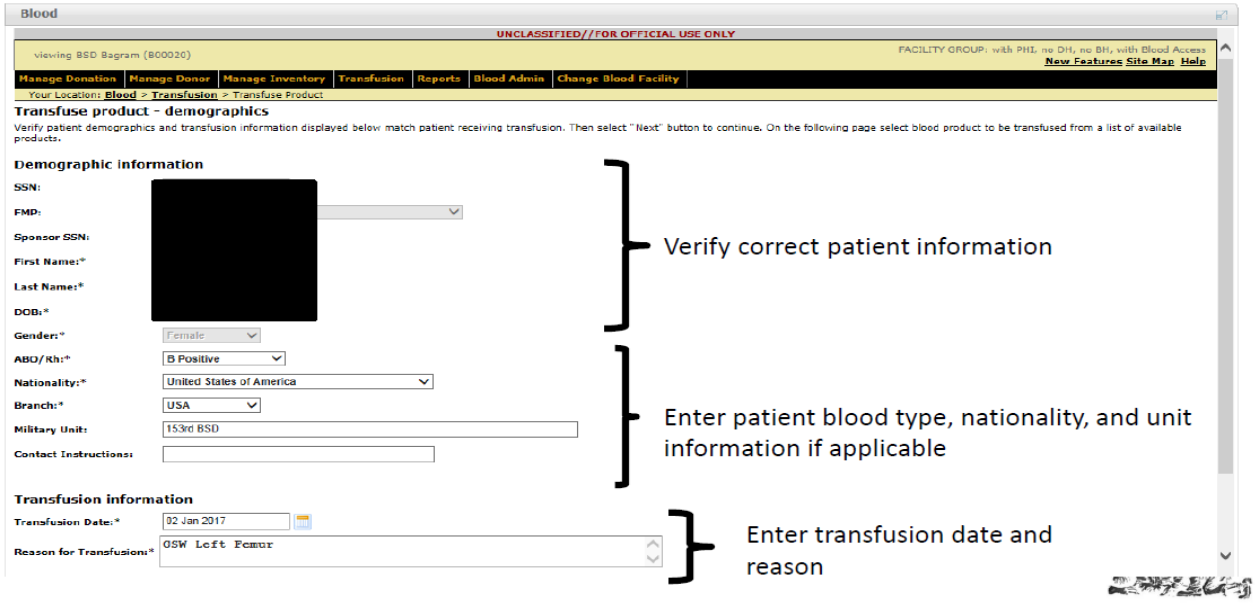
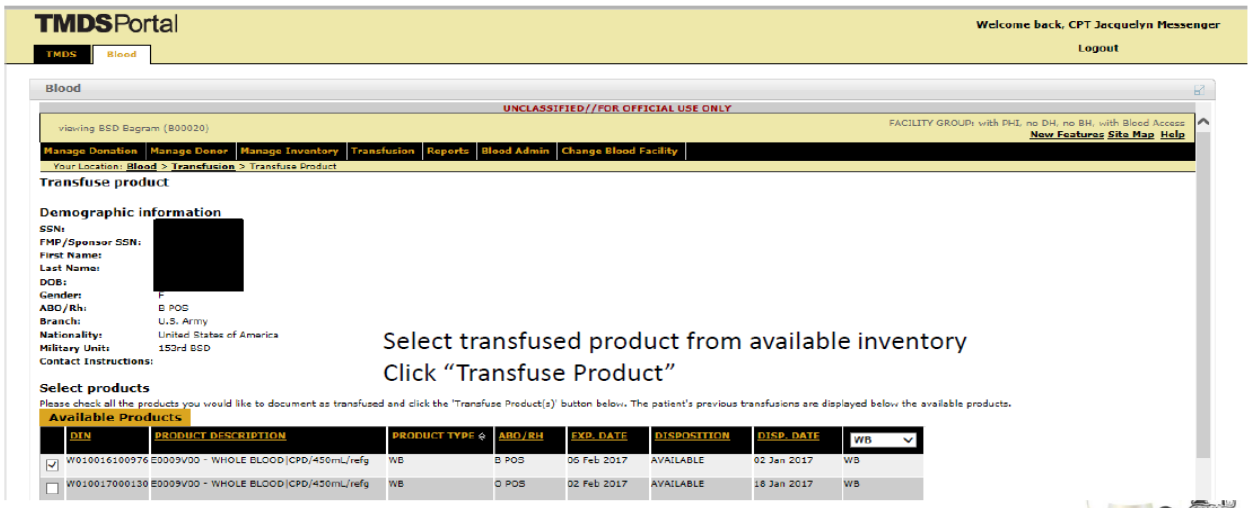
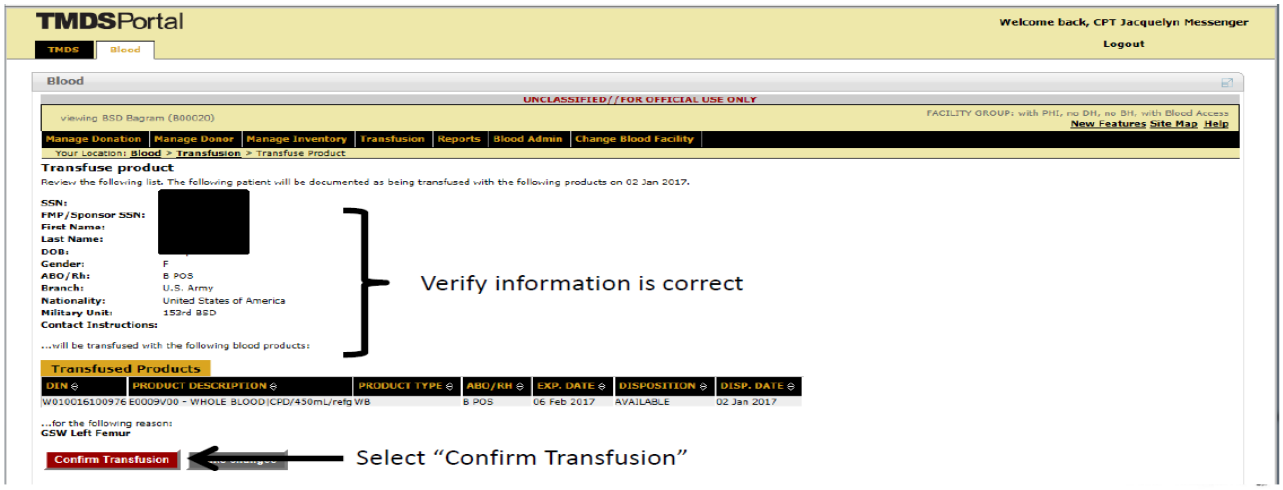
Transfusion Disposition Entry



Transfusion Disposition Entry



Transfusion Disposition Entry



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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.

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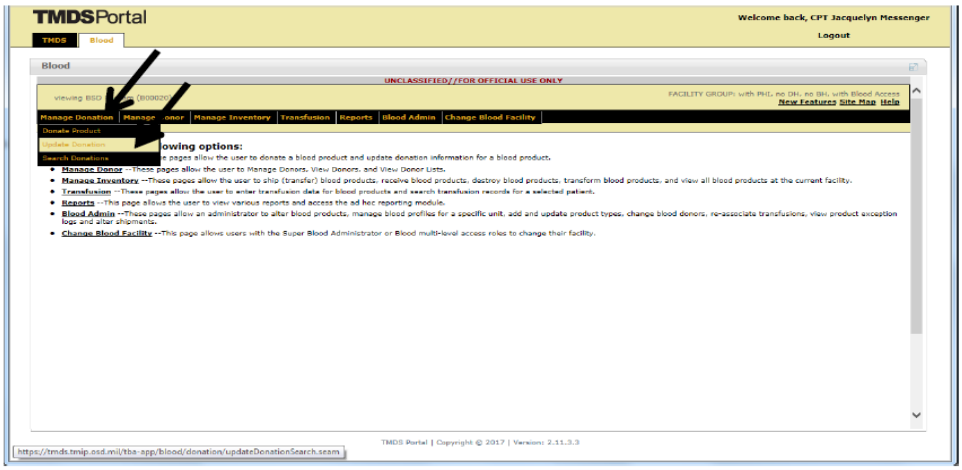
Post Donation IDT Result Entry

Post Donation IDT Result Entry

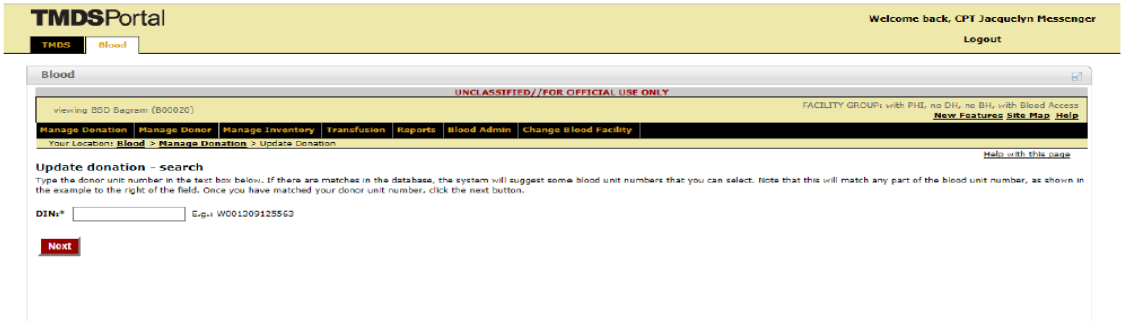
- Select Manage Donations Tab->Update Product



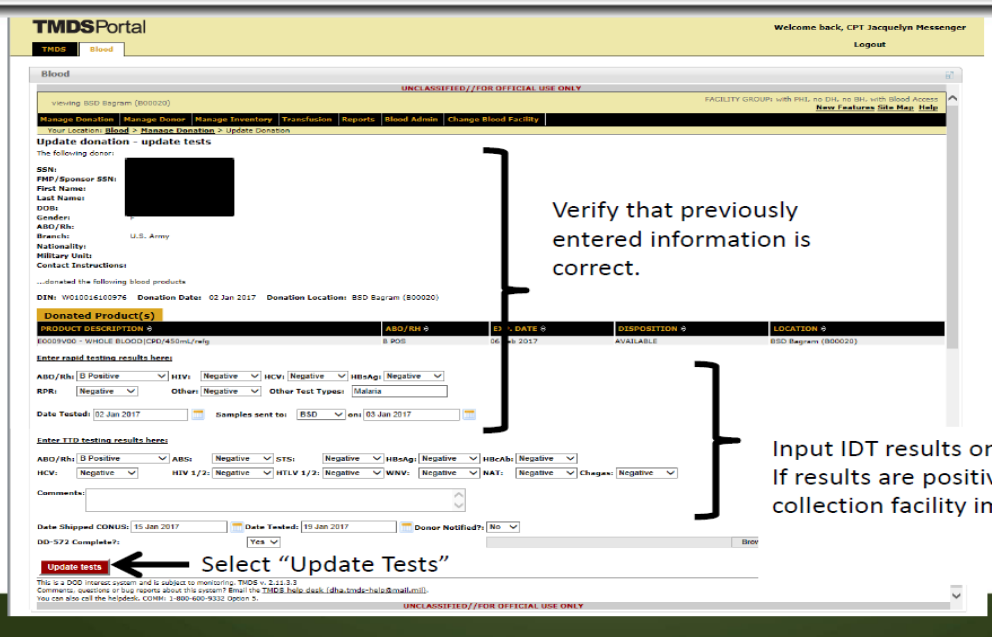
Post Donation IDT Result Entry

Post Donation IDT Result Entry

- Enter DIN for results entry



Post donation IDT result entry



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.

USFK Emergency Blood Program Audit Checklist

Requirement	Description	Meets Requirement/ Needs Improvement	Notes
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. Version: 21 May 2013

Requestor Information	
What is your name and title	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	
New Unit Name	3CR-STRIKE *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*

Glossary

Section I. Acronyms

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

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.