Transplant Infectious Disease Testing

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Introduction
(Why is this important?)

This communication is from the **Laboratory Compliance Team** to reinforce best practices in blood collection, specifically for **infectious disease testing during transplant patient admissions.**

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Situation
(What is the current situation?)

We've seen a rise in **underfilled blood tubes** being sent to the lab. This is a big issue for transplant patients because:

- Their infectious disease tests must be **accurate and timely**
- Collection errors can delay surgery or cause problems with compliance

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Background
(What is important to know about the background?)

- Many transplant-related tests need a specific blood-to-additive ratio
- If tubes aren't filled properly, the blood can clot, results may be wrong, or the test might be rejected
- OPTN (Organ Procurement and Transplant Network) rules say: "Samples must be drawn **during** the transplant admission and before surgery begins (before anastomosis)."
- This means that blood **can't** be drawn before or after transplant

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Assessment
(What is the evaluation?)
(Could include costs, risks, etc.)

- **Incomplete fills** are causing delays and extra work for both nursing and lab teams.
- Patients may need redraws, which can be stressful, time-consuming, and may not be timely
- **The #1 reason for redraws in transplant patients is not enough blood in the tube.**

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Recommendation
(What actions need to take place?)

- **Collect the same number of tubes as there are labels**
- **Fill tubes completely** – not just to the minimum line
- **Use proper technique** – don't remove the tube too early
- Make sure blood is drawn during the transplant admission, and before surgery starts
- Let the lab know if you can't get a full draw due to the patient's condition

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