

OSUWMC CLINICAL LABORATORIES

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Introduction

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

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

Why does this matter?

- 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:

- You can't draw blood before the patient is admitted for transplant.
- You can't draw blood after the transplant is done.

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Assessment

What's happening now?

- **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

Here's what you can do to help:

- **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.