NEW YORK STATE DEPARTMENT OF HEALTH
Blood Resources Program

Limited Reinfusion Service Checklist

New York State Department of Health
Blood Resources Program
Wadsworth Center
Empire State Plaza
Albany, NY 12237

LRS #_____
DOH use only

Prior to submission of the application, the Director of the Limited Reinfusion Service (LRS) must sign this checklist attesting that (as applicable):

☐ The LRS maintains written policies and procedures that comply with New York State regulations and detail procedures for collection, labeling, handling, processing and reinfusion of the product. The policies and procedures are reviewed and approved by the Director of the Limited Reinfusion Service initially and whenever modified.

◯ Blood specimens collected for reinfusion are labeled at the time of collection with two forms of identification, one of which is the patient's name. The identification of the person collecting the blood is recorded, certifying that the identification on the blood and on the pertinent records is correct. ◯ Not applicable

◯ Blood specimens and reinfusion products are transported in an appropriate container with suitable coolant (if required) to maintain the appropriate temperature while in transit. ◯ Not applicable

◯ Blood specimens and reinfusion products are stored in a fashion intended to maintain the appropriate temperature. Red cell reinfusion products are not exposed to a temperature above six degrees Celsius for more than six hours. Containers and shipping boxes for such products are labeled as containing human blood or blood products. ◯ Not applicable

◯ Any container into which the blood specimen or reinfusion product is transferred from another container during processing is labeled prior to the transfer with two forms of identification, one of which is the patient's name or identification code. The identification of the person performing the transfer is recorded, certifying that the identification on the container was transcribed correctly. ◯ Not applicable

☐ All final containers shall be labeled with the patient's name, description of the contents, expiration date and dosage.

◯ No reinfusion of a processed product is performed unless two individuals other than the patient have confirmed the identity of the recipient and the product to be reinfused as matching in name and at least one additional identifier. This confirmation is documented. ◯ Not applicable

☐ All errors or accidents during processing or reinfusion procedures that may pose a substantial risk to the patient are reported to the Wadsworth Center, within seven calendar days of the error or accident, or its discovery.

☐ All records pertaining to reinfusion procedures are retained for a minimum of ten years.

Attestation Statement
I have reviewed and approved the written policies and procedures, which completely and accurately detail all procedures related to reinfusion at the LRS. The policies and procedures comply with all applicable New York State regulations and standards. I affirm my commitment to ensuring compliance with established policies and procedures.

Facility/Site_____

LRS Director_____
(Print Name)

Signature_____ Date: _____