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 R this checklist attesting that (as applicable):	Reinfusion Service (LRS) must sign
The LRS maintains written policies and procedures that comply with Ne procedures for collection, labeling, handling, processing and reinfusion procedures are reviewed and approved by the Director of the Limited whenever modified.	on of the product. The policies and
Blood specimens collected for reinfusion are labeled at the time of colle one of which is the patient's name. The identification of the person concertifying that the identification on the blood and on the pertinent reco	ollecting the blood is recorded,
☐ Blood specimens and reinfusion products are transported in an appropr (if required) to maintain the appropriate temperature while in transit.	iate container with suitable coolant Not applicable
Blood specimens and reinfusion products are stored in a fashion intend temperature. Red cell reinfusion products are not exposed to a temperature than six hours. Containers and shipping boxes for such product blood or blood products.	erature above six degrees Celsius for
Any container into which the blood specimen or reinfusion product is traduring processing is labeled prior to the transfer with two forms of ide name or identification code. The identification of the person performing that the identification on the container was transcribed correctly.	ntification, one of which is the patient's
All final containers shall be labeled with the patient's name, description dosage.	of the contents, expiration date and
No reinfusion of a processed product is performed unless two individual confirmed the identity of the recipient and the product to be reinfused additional identifier. This confirmation is documented.	
All errors or accidents during processing or reinfusion procedures that n patient are reported to the Wadsworth Center, within seven calendar discovery.	
All records pertaining to reinfusion procedures are retained for a minimu	um of seven years.
Attestation Statement I have reviewed and approved the written policies and procedures, which procedures related to reinfusion at the LRS. The policies and procedure State regulations and standards. I affirm my commitment to ensuring coand procedures.	es comply with all applicable New York
Facility/Site	
LRS Director(Print Name)	
Signature	Date: