

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

SAMPLE AGREEMENT FOR PROVISION OF BLOOD TO LIMITED TRANSFUSION SERVICES

The _____ agrees to supply blood components to the _____.
The _____ will function as the Limited Transfusion Service and the _____ will function as the issuing facility.

The _____ will:

1. Maintain policies and procedures that completely and accurately detail all procedures related to the transfusion of blood components at the facility. The policies and procedures are reviewed and approved by the director of the _____ initially and whenever modified.
2. Designate a qualified licensed physician to ensure that personnel administering transfusions have adequate qualifying experience and training.
3. Ensure that when a physician, physician assistant or nurse practitioner orders blood for transfusion, the order is submitted to _____ and a copy is retained by _____.
4. Verify that each patient to be transfused meets requirements for out-of-hospital transfusion, i.e., the patient is cooperative, is able to communicate, give informed consent, and does not have a history of hemolytic or anaphylactic reactions.
5. Draw blood specimens for pretransfusion testing and label the specimens at the patient's side at the time of collection with the patient's name, patient's identification number, and date of collection. Record the identification of the person collecting the specimen. Transport specimens and written order to _____.
6. Ensure that a licensed physician, physician assistant, or nurse practitioner is immediately available in-person or by telephone for consultation during the transfusion and for 30 minutes afterward.
7. Ensure that medications, equipment and supplies necessary for the management of adverse reactions are immediately available.
8. Transfuse blood components according to established policies and procedures approved by the director of the _____, including two qualified persons verifying patient identification with unit and accompanying paperwork at the patient's bedside.
9. Place a copy of the completed transfusion record in patient's medical record and return a copy of the transfusion record to the _____ after completion of the transfusion.

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10. In the event of a suspected transfusion reaction, immediately stop the transfusion, notify the _____ by phone, complete the transfusion reaction report form and send form, blood unit(s), and specimens to _____ for an investigation of a suspected transfusion reaction. Regardless of whether a transfusion reaction has occurred, the _____ will be notified of any transfusion-related errors or accidents.
11. Instruct patients who have been transfused regarding symptoms of transfusion reaction. Provide patients with a 24-hour phone number to contact should a reaction or other concern occur after leaving the facility.
12. Ensure that blood components are stored in a monitored refrigerator designed for blood storage with an audible alarm, or an insulated container monitored with a blood temperature indicator or validated to maintain the proper temperature.
13. Notify _____ of any components not transfused and promptly return unused blood to the blood bank. Return shipping containers to _____.
14. Dispose of medical waste using appropriate containers and following established procedures.

The _____ will:

1. Ensure that _____'s written procedures comply with New York State regulations and are reviewed and approved by the director of the _____ initially and whenever modified.
2. Provide blood for patients at _____, as ordered by a licensed physician, physician assistant, or nurse practitioner.
3. Perform pretransfusion testing necessary to determine compatibility between unit and recipient.
4. Document visual inspection of units prior to issuance to confirm that units are not abnormal in regard to color or physical appearance and show no visible evidence of bacterial contamination.
5. Pack blood components in an appropriate container with suitable coolant (if required) to maintain the appropriate temperature while in transit between _____ and the _____. Monitor all shipments with a blood temperature indicator unless the container has been validated to maintain the appropriate temperature. Maintain documentation of temperatures during storage and handling.
6. Maintain records for each unit issued to _____ including source of unit, unit identification code, unit ABO and Rh group, expiration date, results of pretransfusion testing, recipient identifying information, identification of person transporting

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unit, documentation of visual inspection, date and time of issue, and results of tests associated with the investigation of any transfusion reactions.

7. Obtain the completed blood transfusion record and retain in the blood bank. Ensure that the record includes date of transfusion, name(s) of the person(s) who performed the transfusion and who attended the recipient during the transfusion, blood component transfused, unit identification code, unit ABO and Rh group, start time and completion time, quantity transfused, description of any adverse reaction and the results of related investigation.
8. Investigate any suspected transfusion reactions and incidents; report results of related investigation to _____. Report serious unexpected reactions and incidents involving transfusion to the Wadsworth Center within seven (7) calendar days of the reaction or incident, or its discovery.
9. Will review transfusions performed at _____ and include in _____ Transfusion Committee review.

Attestation

I have reviewed and approved the written policies and procedures that completely and accurately detail all procedures related to the transfusion of blood components at the LTS. The written policies and procedures comply with all applicable New York State regulations and standards. I accede to and affirm my commitment to the terms of this agreement.

Blood Bank Director _____
(Print Name)

Signature _____ Date: _____

Facility _____

I have reviewed the written policies and procedures related to the transfusion of blood components at the LTS. I accede to the terms of this agreement and affirm my commitment to ensuring compliance with established policies and procedures.

LTS Director _____
(Print Name)

Signature _____ Date: _____

Facility _____