## NEW YORK STATE DEPARTMENT OF HEALTH

Limited Transfusion Service Checklist

Blood and Tissue Resources Program

Wadsworth Center P.O. Box 509, Empire State Plaza Albany, New York 12201-0509

Lir	mited Transfusion Service	Blood Bank	
Prior to submission of the application, the Director of the Blood Bank and Director of the LTS must sign this checklist attesting that:			
	The LTS maintains written policies and procedures for all transfuregulations and detail procedures for transfusion of blood comporeviewed and approved by the director of the blood bank initially	nents. The policies and procedures have been	
	A qualified licensed physician has been designated to oversee perfor ensuring that such personnel have adequate qualifying experi	· · · · · · · · · · · · · · · ·	
	Orders for blood are submitted to the blood bank and a copy of e	ach is retained by the LTS.	
	All patients to be transfused meet requirements for out-of-hospital is able to communicate and give informed consent, and does not	· · · · · · · · · · · · · · · · · · ·	
	Blood specimens for pretransfusion testing are drawn and labele patient's name, patient's identification number, and date of collect specimen is recorded. Specimens are transported with appropriate	tion. The identification of the person collecting the	
	Blood components are transported in an appropriate container w appropriate temperature while in transit between the blood bank	, , ,	
	A qualified licensed physician, physician assistant, or nurse practelephone consultation during the transfusion and for 30 minutes		
	Medications, equipment and supplies necessary for the manager the premises.	nent of adverse reactions are immediately available on	
	Blood components are stored in a fashion intended to maintain the	ne appropriate temperature.	
	Records, including unit identification code, unit ABO and Rh grous starting the transfusion and time of completing the transfusion, deperson(s) who performed the transfusion and who attended the radverse reaction and the results of any investigation related to the	escription of the blood product, the names(s) of the ecipient during the transfusion, and description of any	
	For plasma derivatives, the date of infusion, quantity of material is and description, including manufacturer, lot number, expiration as record.	<del>_</del>	
	The blood bank is notified immediately by telephone of any errors reaction is suspected, the transfusion is immediately discontinued are sent to the blood bank for investigation.		
	Patients are provided with a 24-hour phone number to contact sh	ould a reaction occur after leaving the facility.	
	Medical waste is disposed of using appropriate containers.		

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## **Attestation Statement**

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.

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 and affirm my commitment to ensuring compliance with established policies and procedures.			
LTS Director(Print Name)			
Signature	Date:		
Facility			
To expedite processing of the application, please ensure that:			
The application is complete and signed by an authorized person.			
The agreement is signed by the Director of the Blood Bank.			

The agreement is signed by the Director of the Limited Transfusion Service.