

Shipping Autologous Unit(s) with Reactive Infectious Disease Markers

Autologous units that are reactive for HBc, HCV, Syphilis, HTLV I/II, HBsAg, HIV, HBV NAT, HCV NAT, HIV NAT, WNV NAT, and T. Cruzi antibody will be approved for acceptance by the Hospital’s Transfusion Service Medical Director and patient’s physician prior to shipment. If either the Transfusion Service Medical Director and/or the patient’s physician refuse, these units will not be shipped.

If these units are approved for delivery, they will be shipped with Form (0419F1), “Abnormal Autologous Units Results.” This form identifies for the laboratory what testing was reactive.

When the units are delivered, the Transfusion Service may still choose to refuse these units. If laboratory chooses to refuse them, Form 0419F2, “Refusal of Biohazard Autologous Unit(s)” must be filled out and returned with the units. (Because these units have been approved prior to shipment by the Transfusion Service Medical Director and patient’s physician refusal would not be expected.)

Please see chart below for more detailed information.

Test	Release Requirements
(RR) HBc antibody; Syphilis, HTLV I/II	Released with Release Requests signed by: Hospital Transfusion Service Director (SOP\0702F2) <u>and</u> Attending Physician (SOP\0702F3) Marked Biohazard.
(RR) HCV antibody with Negative Second Licensed Screening Test	
(RR) HCV antibody with a Reactive Second Licensed Screening Test or no confirmatory test	
(P) HCV NAT	
(RR) HBsAg – Confirmed Positive, Negative or RR Non Confirming or no confirmatory testing available	
(P) HBV NAT	
(RR) HIV 1,2 antibody – Confirmed Positive, Negative or Indeterminate or no confirmatory testing available	
(P) HIV NAT	
(P) WNV NAT	
(P) T. Cruzi antibody	

*(RR) = Repeat Reactive Screening Assay; (P) = Positive