Pretransfusion specimen collection and rejection

Blood Matters audit 2026

Is there a policy and/or procedure covering pretransfusion specimen collection?	Yes No
Date pretransfusion specimen collection procedure last reviewed	MM/YYYY
Does your health service use an EMR?	Yes No
Does your health service use an EMR for pretransfusion specimen collection?	Yes No
If yes, when did your health service commence using EMR for pretransfusion specimen collection?	MM/YYYY

Table 1: Pretransfusion specimen request procedure

Does your procedure state or include:	Response
• the REQUEST must clearly identify the patient with 3 unique identifiers: - full name, date of birth, medical record number if inpatient or alternative identifier which includes sex, patient address, Medicare number, unique accession number, or individual healthcare identifier	Yes No
• for newborn and neonatal testing request forms should include the following information:	
- either "Baby of [Mother's FULL NAME]" or the infant's FULL NAME (if this is known)	Yes No NA
- baby's date of birth	Yes No NA
- baby's sex	Yes No NA
- infant's MRN if available	Yes No NA
- mother's full name and/or MRN in addition to infant's details if available	Yes No NA

Table 2: Pretransfusion specimen collection and labelling procedure

Does your procedure state or include:	Response
• the patient's identity must always be confirmed before pretransfusion specimen collection	Yes No
• if patient is conscious and able they must be asked to:	
- state their full name	Yes No
- spell their full name	Yes No
- state their date of birth	Yes No
• for inpatients these details (full name and date of birth) must be checked against the patient details on the ID band, worn by the patient	Yes No
• for outpatients confirm a third patient identifier i.e. unique accession number, sex, patient address, individual healthcare identifier or Medicare number	Yes No NA
• for inpatients and outpatients full name, date of birth and a third patient identifier must be confirmed against the request (paper form or EMR) and any labels used	Yes No
• if using an EMR, scanning of the ID barcode on ID band (inpatients) as an additional step for positive patient ID	Yes No NA
• specimens must be labelled at the patient side immediately after collection	Yes No
• the person collecting the specimen must sign, date and time the specimen (if using an EMR, this may be generated electronically)	Yes No
• the person collecting the specimen must complete the specimen collector's declaration	Yes No
• correction of incorrect or missing details, relabelling or retrospective labelling of unlabelled specimens is **not** permitted	Yes No
• if using an EMR for specimen collection, scanning of the labelled tubes at completion of the collection task is required.	Yes No NA
Other comments: [free text]	

Table 3: Pretransfusion specimen request and labelling method

Question	Response
What pretransfusion specimen request methods are used? (select one or more)	• Electronic (EMR) without printed request form • Electronic (EMR) with printed request form • Paper request form • Paper request form during EMR downtime
How are pretransfusion specimens labelled? (select one or more)	• Handwriting patient identifiers on the tubes • Use of pre-printed patient addressograph labels • Use of EMR specimen labels printed at the patient side • Use of EMR specimen labels printed away from the patient side

Table 4: Pretransfusion specimen rejection criteria

Question	Response
Does the health service / transfusion laboratory have documented criteria for rejection of pretransfusion specimens? (Select all applicable)	• In laboratory procedures • In clinical procedures • No procedure documented
Is 'zero tolerance' standard transfusion laboratory practice?	Yes No Strict policy where pretransfusion specimens or request forms with insufficient or incorrect patient identification or labelling are immediately rejected and not processed.
Does the 'zero tolerance' specimen rejection criteria apply to precious specimens?	Yes No
Please document what constitutes a precious specimen	Cord blood Deceased organ donor Coronial request Bone marrow Other [please specify]

Table 5: Wrong Blood in Tube (WBIT)

Question	Response
Is there a documented governance framework in place for managing wrong blood in tube (WBIT) incidents?	Yes No
What reporting is required for a WBIT event? (select all applicable)	• Report into local safety learning system e.g. VHIMS or Riskman • Clinical governance / transfusion committee or similar • Manager/NUM notified • Treating team or medical officer notified • Reported to Serious Transfusion Incident Reporting (STIR) • If identified in clinical area, reported to laboratory • No reporting required • Unknown • Other, please describe
What is the usual process in the transfusion laboratory following a WBIT event? (select all applicable)	• Specimen invalidated • Incorrect pathology results removed from patient/s record in laboratory information system • If WBIT identified in lab, clinical area notified • Reported into laboratory safety learning system • Reported into health service safety learning system • Unknown • Other, please describe
What is the usual process in the health service following a WBIT event? (select all applicable)	• In-depth case review • Procedure review &/or update • Staff member interview/discussion/self-refection • Staff education • Unknown • Other, please describe
Who is responsible for investigating and following up a WBIT event? (select all applicable)	• Laboratory staff • Transfusion Practitioner • Clinical governance / risk / quality manager • Ward/unit manager • Blood Champion • No follow up required • Other, please describe • Unknown • Other

Table 6: Pretransfusion specimen rejection data

Question	Response
Is pretransfusion specimen rejection data collected?	Yes No If no, got to Table 12 (staff education)
If yes, how often is the data reviewed?	• Monthly • Quarterly • 6 monthly • Annually • Other, please specify
Where is the specimen rejection rate data reported?	• Blood management committee or similar • Clinical governance committee • Pathology governance committee • Clinical areas • Risk management committee • Not reported • Other, please describe

Table 7: Specimen collection, rejection and WBIT historical data

Year	Number pretransfusion specimens collected	Number pretransfusion specimens rejected	Number of pretransfusion specimens identified as WBITs (as per STIR definition)	Data not available
2021				
2022				
2023				
2024				
2025				

Comments on data collection: [free text]

Table 8: Number of pretransfusion specimens collected and rejected in OCTOBER 2025

Number of pretransfusion specimens collected	
Number of pretransfusion specimens rejected	

Does your health service collect data on where rejected pretransfusion specimens originated?

Yes No

Other comments on rejection location data: [free text]

If yes go to Table 9

If no go to next question

Table 9: Where are the errors being made?

Please supply data for October 2025

Clinical area	Number of pretransfusion specimens	Number of pretransfusion specimens rejected
Emergency department		
Operating theatre		
Ward		
Haematology/Oncology		
Outpatient clinic/ pre-op clinic		
Pathology outpatients		
Maternity inpatients		
Maternity outpatients		
Delivery suite		
Critical care areas e.g. ICU/HDU/CCU		
Paediatric		
All other areas		
Total		

Other comments on rejection location data: [free text]

Does your health service collect data on when rejected pretransfusion specimens are being collected?

Yes No

If yes go to Table 10

If no go to next question

Table 10: When were the rejected pretransfusion specimens taken?

Please supply data for October 2025

Time of specimen collection	Number of pretransfusion specimens collected	Number of pretransfusion specimens rejected
Core hours (i.e. 0700-2200)		
Out-of-core hours (i.e. 2200-0700)		

Does your health service collect data on why rejected pretransfusion specimens are rejected?

Yes No

Other comments on rejection data: [free text]

If yes go to Table 11

If no go to Table 12

Table 11: Specimen rejection criteria

Please supply data for October 2025

Pretransfusion specimen rejection criteria	Number rejected
Specimen NOT labelled	
Request form not labelled	
Patient details on specimen DO NOT match the request	
Insufficient patient ID details on specimen	
Insufficient patient ID details on request form	
Collector's signature not present on specimen	
Collector's signature not present on request	
Date and time of collection not present (or legible) on specimen	
Date and time of collection not present (or legible) on request form	
Details overwritten, corrections made on specimen label	
Details overwritten, corrections made on request form	
Use of preprinted labels	
Mismatch of time between specimen and request	
WBIT	
Other	
Total	

Other comments on rejection rate data: [free text]

Table 12: What pretransfusion specimen collection education do nursing staff receive?

Type of Education	Mandatory on induction	Mandatory annually	Mandatory biennially or at another interval	Not required	Not available
BloodSafe eLearning Collecting Blood Specimens or Clinical Transfusion Practice course / refresher					
Health service specific (or in house) pretransfusion specimen collection eLearning course					

Health service specific (or in house) pretransfusion specimen collection face to face education					
Other, please list					

Table 13: What pretransfusion specimen collection education do medical staff receive?

Type of Education	Mandatory on induction	Mandatory annually	Mandatory biennially or at another interval	Not required	Not available
BloodSafe eLearning Collecting Blood Specimens or Clinical Transfusion Practice course / refresher					
Health service specific (or in house) pretransfusion specimen collection eLearning course					
Health service specific (or in house) pretransfusion specimen collection face to face education					
Other, please list					

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