NORTHERN REGIONAL PROCEDURE

PROCEDURE FOR THE TRANSFER OF BLOOD COMPONENTS BETWEEN HOSPITALS

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.7</td>
<td>2017</td>
<td>Section 3 – bullet points renumbered  3.2.3 updated for packaging of new style transport boxes. Appendix 5.2 added. 3.3.2 email included 3.4.8 reworded for clarity</td>
</tr>
<tr>
<td>1.7</td>
<td>2017</td>
<td>Section 4 - bullet points renumbered 4.2.3 updated for packaging of new style transport boxes. Appendix 5.2 added. 4.3.2 email included 4.4.6 last sentence regarding receiving hospital unable to fate removed</td>
</tr>
<tr>
<td>1.7</td>
<td>2017</td>
<td>Section 5 – appendices renumbered and reordered to reflect order of document. Temperature storage for Clinimed boxes removed Appendix 5.2 added for NHSBT short journey containers Minor changes to other appendices. Example transport label included.</td>
</tr>
</tbody>
</table>

AUTHORISED FOR USE BY
NEWCASTLE BLOOD CENTRE USER GROUP
NORTH EAST REGIONAL TRANSFUSION COMMITTEE

Feb/Mar 2017
K Ward
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</tbody>
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1.0 INTRODUCTION

The Blood Safety and Quality Regulations (BSQR) 2005 require protocols to be in place within all hospitals to trace unambiguously the fate of all units from donor to patient, or if not transfused the final fate of each unit.

This document seeks to standardise the procedures for the transfer of blood and components between hospitals in the North East Region. It is intended as a general guide to encompass practices for all users. Hospitals are encouraged to add local protocols to the policy where appropriate but not to detract from the practices outlined in this document.

It is accepted that transport of blood is optimally managed by transfer from one blood transfusion laboratory to another blood transfusion laboratory. However, in clinical practice this is not always possible. It should only be on rare occasions that transfer of blood with a patient is undertaken\(^1 \& 2\). When there is a high risk of the patient bleeding en route blood components may be transferred with the patient. In this clinical scenario the receiving hospitals blood transfusion laboratory must be given the accompanying paperwork and details of all units transfused as soon as possible.

2.0 PRINCIPLE

Blood components are often transferred between hospitals either with a patient, or as an efficient use of blood stocks. It is essential for legal reasons (BSQR, 2005) to ensure the audit trail is maintained when blood is transferred and to ensure patient transfusion records are updated accordingly (HSC 2007/001 Better Blood Transfusion Safe and Appropriate Use of Blood).

The BSQR requires adequate systems to be in place to ensure traceability of blood components. As such it is essential for laboratories to ensure the cold chain and traceability audit trails are maintained and records updated accordingly when blood is transferred between hospitals.

Blood components may be transferred for the following reasons:

- Blood components allocated to a specific patient may be needed urgently for resuscitation en route or on arrival at the receiving hospital.
- Routinely, blood component allocated to a specific patient may require transfer to a blood fridge located in a satellite hospital/unit of the dispatching hospital.
- Agreed transfer of blood component stock between hospital blood transfusion laboratories.

3.0 TRANSFER OF BLOOD COMPONENTS ACCOMPANYING PATIENTS

Procedure for the transferring hospital transfusion laboratory staff

3.1 Blood Component Selection and Preliminary Documentation

3.1.1 Document the telephone call from the ward or unit requesting the transfer of the blood component.

3.1.2 Ensure the patient identification is obtained including the unique identification number, name, date of birth and NHS number if available.

3.1.3 Document the details of the receiving hospital and ward/department including the approximate time of departure.

3.1.4 Identify the component type and the number of units required for transfer.
3.2 Blood Component Packaging and Final Documentation

3.2.1 Complete the transfer document (Appendix 5.1) including a record of the unit donation numbers and make a copy of this document. Patient initials must be used rather than full name to maintain patient confidentiality. The unique identification number and DOB should still be recorded. Return the units to suitable storage conditions whilst preparing the transport box, packing materials and labels.

3.2.2 Platelets must be stored on a platelet agitator until ready for dispatch.

3.2.3 Immediately before dispatch package the blood components as detailed in Appendix 5.2. Do not pack different blood component types in the same transport box e.g. red cells and FFP. These should be packed in separate boxes with the correct phase change material that has been stored at the appropriate temperature for that component.

Red cells 2-6°C
Defrosted FFP 2-6°C but separate transport box
Platelets 20-24°C

3.2.4 Place all the appropriate documentation in or attached to the transport box, retaining a copy of the transfer document. Medical staff travelling with the patient/blood components should be given the information leaflet ‘Advice for staff transferring blood with a patient’ – see Appendix 5.3.

3.2.5 Replace the box lid, seal box with tie wrap/security tag and place completed dispatch label (Appendix 5.4) into the top pocket of the box.

3.2.6 If appropriate for the transferring Trust, document on the Laboratory Information System (LIS) the units marked as transferred and record the destination hospital. If Trusts have a shared LIS system this may not be indicated and the necessary history will be recorded on the Transfer Form.

3.3 Dispatch of Blood Components

3.3.1 On dispatch of the blood components, immediately contact the transfusion laboratory of the receiving hospital and inform them of the dispatch (Contact details are listed in Appendix 5.5). NB The transfusion laboratory may not be on the same site as the receiving hospital. Provide the following information:
- Time of dispatch
- Mode of transport
- Estimated time of arrival
- Number and type of components
- Patient identification details
- Known antibodies or special requirements
- Ward or department

3.3.2 Fax or email a copy of the transfer documentation to the receiving transfusion laboratory. Ensure receiving fax machine is SECURE/SAFE HAVEN.

3.3.3 The final fate of the transferring units will be recorded by the receiving hospital, including any units transfused en route. The exception to this is if the receiving hospital is unable to fate the components on their computer system in which case they will request the sending hospital fate the components and will provide the necessary information.
3.4 Procedure for the receiving hospital transfusion laboratory staff

3.4.1 The receiving transfusion laboratory will be informed by the dispatching laboratory of the expected delivery.

3.4.2 The staff of the receiving transfusion laboratory should document the expected delivery and where applicable inform the ward or department receiving the patient that blood/components will be accompanying the patient.

3.4.3 Local policies should be in place to ensure received blood components are directed to the hospital transfusion laboratory immediately on arrival and transferred to suitable storage facilities.

3.4.4 On arrival, the transfusion laboratory staff should check the integrity of the box and complete and confirm the following acceptance checks:

- The transport box and its tamper proof seals have been examined and found to be in a satisfactory condition
- Packaging material is in a satisfactory condition
- The transport box has been received within its validated transfer times
- Documentation accompanying the components is satisfactory
- The component labelling and contents have been examined and are satisfactory

Any failures of the above checks must be documented and the units quarantined until a decision is made on the most appropriate fate of the components.

3.4.5 Complete the transfer document to verify the units are suitable for subsequent patient transfusion or acceptance into blood bank stock.

3.4.6 Any blood components received in the transfusion laboratory, including any which will be disposed of due to poor storage conditions, must be entered into stock and have their fate recorded.

3.4.7 The receiving hospital must confirm receipt of any units by faxing/emailing back or returning a copy of the completed transfer document back to the originating hospital.

3.4.8 The final fate of the transferring units will be recorded by the receiving hospital, including any units transfused en route. The exception to this is if the receiving hospital is unable to fate the components on their computer system in which case they will request the sending hospital fate the components and will provide the necessary information.

4.0 STOCK TRANSFER OF BLOOD COMPONENTS BETWEEN HOSPITAL TRANSFUSION LABORATORIES

This includes transfer of stock for a specific patient that is being transferred independently of the patient e.g. blood components with special requirements.

Procedure for the transferring hospital transfusion laboratory staff

4.1 Blood Component Selection and Preliminary Documentation

4.1.1 Identify the component type and the number of units required for transfer.
4.2 Blood Component Packaging and Final Documentation

4.2.1 Complete the transfer document (Appendix 5.1) including a record of the unit donation numbers and make a copy of this document. If the stock being transferred is for a specific patient, patient details must be recorded on the transfer document. Return the units to suitable storage conditions whilst preparing the transport box, packing materials and labels.

4.2.2 Platelets must be stored on a platelet agitator until ready for dispatch.

4.2.3 Immediately before dispatch package the blood components as detailed in Appendix 5.2.

Do not pack different blood component types in the same transport box e.g. red cells and FFP. These should be packed in separate boxes with the correct phase change material that has been stored at the appropriate temperature for that component.

Red cells 2-6°C
Defrosted FFP 2-6°C but separate transport box
Platelets 20-24°C

4.2.4 Place all the appropriate documentation in or attached to the transport box, retaining a copy of the transfer document. Transport staff such as taxi drivers responsible for transporting the blood components should be given the information leaflet ‘Golden rules for drivers’ if they are unfamiliar with their responsibilities - see Appendix 5.6.

4.2.5 Replace the box lid, seal box with tie wrap/security tag and place completed dispatch label (Appendix 5.4) into the top pocket of the box.

4.2.6 If appropriate for the transferring Trust, document on the Laboratory Information System (LIS) the units marked as transferred and record the destination hospital. If Trusts have a shared LIS system this may not be indicated and the necessary history will be recorded on the Transfer Form.

4.3 Dispatch of Blood Components

4.3.1 On dispatch of the blood components, immediately contact the transfusion laboratory of the receiving hospital and inform them of the dispatch (Contact details are listed in Appendix 5.4). NB. The transfusion laboratory may not be on the same site as the receiving hospital. Provide the following information:

- Time of dispatch
- Mode of transport
- Estimated time of arrival
- Number and type of components

4.3.2 Fax/email a copy of the transfer documentation to the receiving blood transfusion laboratory. Ensure receiving fax machine is SECURE/SAFE HAVEN.

4.3.3 The final fate of the transferring units will be recorded by the receiving hospital.

4.4 Procedure for the receiving hospital transfusion laboratory staff

4.4.1 The receiving transfusion laboratory will be informed by the dispatching laboratory of the expected delivery.
4.4.2 The laboratory staff of the receiving transfusion laboratory should document the expected delivery.

4.4.3 Local policies should be in place to ensure received blood and components are directed to the hospital transfusion laboratory immediately on arrival and transferred to suitable storage facilities.

4.4.4 On arrival, transfusion laboratory staff should check the integrity of the box and complete and confirm the following acceptance checks:

- The transport box and its tamper proof seals have been examined and found to be in a satisfactory condition
- Packaging materials and gel packs are in a satisfactory condition
- The transport box has been received within its validated transfer times
- Documentation accompanying the components is satisfactory
- The component labelling and contents have been examined and are satisfactory

Any failures of the above checks must be documented and the units quarantined until a decision is made on the most appropriate fate of the components.

4.4.5 Complete the transfer document to verify the units are suitable for acceptance into blood bank stock. If stock has been transferred for a specific patient the receiving hospital needs to process this as per their routine process.

4.4.6 Any blood components received in the transfusion laboratory, including any which will be disposed of due to poor storage conditions, must be entered into stock and have their fate recorded.

The receiving hospital must confirm receipt of any units by faxing/emailing back or returning a copy of the completed transfer document back to the originating hospital.

The final fate of the transferring units will be recorded by the receiving hospital including any that have been discarded as unacceptable. These must all be entered into stock and have their final fate recorded.

5.0 APPENDICES
### 5.1 Transfer Documentation

**BLOOD COMPONENT TRANSFER DOCUMENTATION**

This form must accompany all blood components transferred between hospitals.

**NB:** Sender must also retain a copy of this document.

<table>
<thead>
<tr>
<th>Blood Dispatched from:</th>
<th>Sent to:</th>
<th>Crossmatched</th>
<th>Stock</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fax number/Email address:</strong></td>
<td>(for return of completed form)</td>
<td>Uncrossmatched</td>
<td></td>
</tr>
</tbody>
</table>

**PRODUCT FATE**

- R – Red cells
- P – Platelets
- F – Frozen FFP
- D – Discarded
- T – Transfused
- S – Returned to stock

**ANY SPECIAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>Initials of Patient</th>
<th>ISBT Donation Number</th>
<th>Prod</th>
<th>Fate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique ID Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Group</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**I confirm the units of blood components have been packed in accordance with the Regional Transfer Policy prior to despatch.**

**SENDING HOSPITAL**

Date       Time

Print name

Signature

**Provided box remains sealed contents valid until:**

Once box seal broken transfusion of the contents must be completed within 4 hours of opening or the units will have to be discarded. **NOTE:** The receiving laboratory will make this decision.

**TRANSPORTED WITH:**

Date       Time

Driver or Nursing/Medical staff details

Print name

Signature

**I confirm that these blood components arrived packaged appropriately.**

**RECEIVING HOSPITAL**

Date       Time

Box was received sealed Yes/No

Print name

Box had been opened Yes/No

Signature
5.2 Packaging Instructions

**NHSBT short journey container (Blood/blood components requiring 4°C±2°C transport)**

The NHSBT short journey containers are designed for the transportation of blood components (red cells, thawed FFP, platelets).

The small NHSBT short journey container can be used for transport of 1-6 red cells or platelets.

**VALIDATED FOR TRANSPORTATION UP TO 3 HOURS**

Used for transport of blood/components to hospitals under the Regional Transfer Policy.

---

**STEP 1 PRE-CONDITIONING OF COOL PACKS**

The NHSBT short journey containers use phase change material (PCM).

**Blue** PCM for transport at 4°C pre-conditioned at 2-6°C for a minimum of **72 hours**.

The date and time PCM’s are placed into preconditioning is written on each panel to ensure the minimum time requirements are met.

---

**STEP 4 PACKAGE COMPONENTS**

Packaging example for 1 unit

Packaging depends on container size. Always use the smallest container available. Follow the guide below:

<table>
<thead>
<tr>
<th>Container Size</th>
<th>Using Blue PCMs which have been Pre-conditioned for 72 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of PCMs</td>
</tr>
<tr>
<td>Small Container</td>
<td>2</td>
</tr>
</tbody>
</table>

---
**STEP 5**

**SEAL**

Place cable tie through the eyelets to prevent and provide evidence of tampering.

**STEP 6**

**DOCUMENTATION**

Complete the Blood Component Transfer Document. Place in clear pocket on top of box together with dispatch label – do not stick to box.
The NHSBT short journey containers are designed for the transportation of blood components (red cells, thawed FFP, platelets).

The small NHSBT short journey container can be used for transport of 1-6 red cells or platelets.

VALIDATED FOR TRANSPORTATION UP TO 3 HOURS

Used for transport of blood/components to hospitals under the Regional Transfer Policy.

The NHSBT short journey containers use phase change material (PCM).

**Green** PCM for transport at 22°C±2°C pre-conditioned at 20-24°C for a minimum of 48 hours.

The date and time PCM’s are placed into pre-conditioning is written on each panel to ensure the minimum time requirements are met.

Packaging depends on container size. Always use the smallest container available. Follow the guide below:

<table>
<thead>
<tr>
<th>Container Size</th>
<th>No. of PCMs</th>
<th>No. of Components or Products</th>
<th>Layout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Container</td>
<td>3</td>
<td>1 - 6</td>
<td>One PCM at the bottom lengthways Blood Components in the middle Two PCMs on the top side by side</td>
</tr>
</tbody>
</table>

**STEP 1 PRE-CONDITIONING OF COOL PACKS**

The NHSBT short journey containers use phase change material (PCM).

**Green** PCM for transport at 22°C±2°C pre-conditioned at 20-24°C for a minimum of 48 hours.

The date and time PCM’s are placed into pre-conditioning is written on each panel to ensure the minimum time requirements are met.

**STEP 4 PACKAGE COMPONENTS**

Packaging example for 1 unit

Packaging depends on container size. Always use the smallest container available. Follow the guide below:

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<tbody>
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<td>1 - 6</td>
<td>One PCM at the bottom lengthways Blood Components in the middle Two PCMs on the top side by side</td>
</tr>
</tbody>
</table>
**STEP 5 SEAL**

Place cable tie through the eyelets to prevent and provide evidence of tampering.

---

**STEP 6 DOCUMENTATION**

Complete the Blood Component Transfer Document. Place in clear pocket on top of box together with dispatch label – do not stick to box.
5.3 Advice for staff when transferring blood with a patient.

Please ensure the following sheet is issued to the member of clinical staff responsible for the transfer box when blood components are being transferred with a patient.

**Blood Transfer Advice for Staff**

The blood and blood components have been packed in this transfer box following blood transfusion laboratory guidelines.

**PLEASE ENSURE THE BOX REMAINS SEALED UNTIL IMMEDIATE TRANSFUSION OF THE PATIENT IS INDICATED**

**Before transferring the patient:**
- Check to make sure the boxed component is for the patient you are accompanying
- Please ensure the patient has a wristband in situ stating the patient's hospital number (from the transferring hospital), date of birth and name (if known)
- If a decision is made NOT to transfer the blood components with the patient or to transfuse the patient onsite before transfer, contact the transfusion laboratory and return the transfer box immediately

**During transfer:**
- Blood components are suitable for transfusion until the time indicated on the transfer document provided the box remains sealed.
- Once opened temperature control is lost so transfusion of all the units must be completed within 4 hours of opening the box or the units may have to be discarded - the receiving laboratory will make this decision.
- If blood components are required during the patient's journey or on immediate arrival at the receiving hospital, please ensure they are checked and transfused in accordance with local policy.
- Please ensure the lid REMAINS on the box at all times. If blood components are removed for transfusion, please replace the lid IMmedately!

**On arrival:**
- When the patient arrives in the receiving clinical area, please ensure the blood transfusion box is handed over to the transfusion laboratory staff immediately.
- Please state how many blood components were transfused during the journey and any adverse events (if occurred).

Blood Transfer Advice for staff version 3
Approved May 2017

Review May 2020
BLOOD COMPONENTS
FOR URGENT ATTENTION

DELIVER TO:

FOR ATTENTION OF:

TIME PACKAGED  ……………………………

DATE  ……………………………

IMPORTANT – PLEASE READ
Any component contained in this box must be placed in an approved blood transfusion storage location by:

………………..hrs on ……/…../…..

---

BLOOD COMPONENTS
FOR URGENT ATTENTION

DELIVER TO:

FOR ATTENTION OF:

TIME PACKAGED  ……………………………

DATE  ……………………………

IMPORTANT – PLEASE READ
Any component contained in this box must be placed in an approved blood transfusion storage location by:

………………..hrs on ……/…../…..

---

BLOOD COMPONENTS
FOR URGENT ATTENTION

DELIVER TO:

FOR ATTENTION OF:

TIME PACKAGED  ……………………………

DATE  ……………………………

IMPORTANT – PLEASE READ
Any component contained in this box must be placed in an approved blood transfusion storage location by:

………………..hrs on ……/…../…..
### 5.5 Regional Hospital Contact Numbers

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address 1</th>
<th>Address 2</th>
<th>Postcode</th>
<th>Switchboard</th>
<th>Blood Bank Fax Number</th>
<th>Direct Dial Blood Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cumberland Infirmary</td>
<td>Newtown Road</td>
<td>Carlisle</td>
<td>CA2 7HY</td>
<td>01228 523444</td>
<td>01228 814811</td>
<td>01228 814 519</td>
</tr>
<tr>
<td>Darlington Memorial Hospital</td>
<td>Hollyhurst Road</td>
<td>Darlington</td>
<td>DL3 6HX</td>
<td>01325 609100</td>
<td>01325 743 055</td>
<td>01325 743 107</td>
</tr>
<tr>
<td>Freeman Hospital</td>
<td>Freeman Road</td>
<td>High Heaton Newcastle upon Tyne</td>
<td>NE7 7DN</td>
<td>0191 233 6101</td>
<td>0191 223 1446</td>
<td>0191 213 7849</td>
</tr>
<tr>
<td>Friargate Hospital</td>
<td>Bullamoor Road</td>
<td>Friargate Northallerton</td>
<td>DL6 1JG</td>
<td>01609 779 811</td>
<td>01606 794 515</td>
<td>01600 763 124</td>
</tr>
<tr>
<td>James Cook University Hospital</td>
<td>Marton Road</td>
<td>Middlesbrough</td>
<td>TS4 3BW</td>
<td>01642 850 850</td>
<td>01642 824368</td>
<td>01642 282630</td>
</tr>
<tr>
<td>Newcastle Nuffield Hospital</td>
<td>Clayton Road</td>
<td>Jesmond Newcastle upon Tyne</td>
<td>NE2 1JP</td>
<td>0191 231 0131</td>
<td>0191 212 0844</td>
<td>0191 212 5238</td>
</tr>
<tr>
<td>Northumbria Specialist Emergency Care Hospital</td>
<td>Northumbria Way</td>
<td>Cramlington</td>
<td>NE23 0NZ</td>
<td>0191 611 8111</td>
<td>0191 5072341</td>
<td>0191 5072242</td>
</tr>
<tr>
<td>Queen Elizabeth Hospital</td>
<td>Queen Elizabeth Avenue</td>
<td>Sheriff Hill Gateshead</td>
<td>NE9 6SX</td>
<td>0191 482 0000</td>
<td>0191 445 3215</td>
<td>0191 445 2281</td>
</tr>
<tr>
<td>Royal Victoria Infirmary</td>
<td>Queen Victoria Road</td>
<td>Newcastle Upon Tyne</td>
<td>NE1 4LP</td>
<td>0191 233 6181</td>
<td>0191 282 0060</td>
<td>0191 282 4335</td>
</tr>
<tr>
<td>South Tyneside District Hospital</td>
<td>Horton Lane</td>
<td>South Shields</td>
<td>NE34 0FL</td>
<td>0191 494 1000 Ext 2506</td>
<td>0191 427 6088</td>
<td>0191 427 5088</td>
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<tr>
<td>Spire Hospital</td>
<td>Plotsdale Lane</td>
<td>Washington</td>
<td>NE38 9JZ</td>
<td>0191 4185069</td>
<td>0191 4185440</td>
<td>0191 4151522</td>
</tr>
<tr>
<td>Sunderland Royal Hospital</td>
<td>Kayll Road</td>
<td>Sunderland</td>
<td>SR4 7TP</td>
<td>0191 565 6256</td>
<td>0191 569 9859</td>
<td>0191 569 9077</td>
</tr>
<tr>
<td>University Hospital of Hartlepool</td>
<td>Holftforth Road</td>
<td>Hartlepool</td>
<td>TS24 9AH</td>
<td>01429 268 054</td>
<td>01429 522 126</td>
<td>01429 522 267</td>
</tr>
<tr>
<td>University Hospital of North Durham</td>
<td>North Road</td>
<td>Durham</td>
<td>DH1 1TW</td>
<td>0191 333 2333</td>
<td>0191 333 2862</td>
<td>0191 333 2443</td>
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<tr>
<td>University Hospital of North Tees</td>
<td>Hardwick</td>
<td>Stockton on Tees</td>
<td>TS19 8PE</td>
<td>0142 517017</td>
<td>0142 740 058</td>
<td>0142 524 402</td>
</tr>
<tr>
<td>Wansbeck General Hospital</td>
<td>Woodham Lane</td>
<td>Ashington Northumberland</td>
<td>NE33 9JG</td>
<td>0166 811 8111</td>
<td>01670 529 838</td>
<td>01670 529 741</td>
</tr>
<tr>
<td>West Cumberland Hospital</td>
<td>Hensingham</td>
<td>Whitehaven Cumbria</td>
<td>CA28 8JG</td>
<td>01946 993 181</td>
<td>01946 523 531</td>
<td>01946 523 432</td>
</tr>
</tbody>
</table>
Golden Rules for Drivers

- Blood components are strictly regulated by the Blood Safety and Quality regulations 2005. The transport of blood components is covered by these regulations.

- Always come to collect your delivery in uniform with an ID badge so we know you are authorised to do the job.

- When you have been given your consignment you must ensure it is delivered directly to the correct location as identified on the transportation box. It is not acceptable to take it to a different department.

- You must always place the consignment in the boot of your vehicle as temperature control is important.

- You must never open the box or tamper with the contents as this will affect the temperature control.

- You must not pick up any other fares, carry passengers or accept another delivery at the same time.

- You must only hand over the consignment to an authorised person wearing a Trust ID badge.

- You must ensure the person who accepts the consignment signs for the package and records the time of delivery.

- You must ensure that all documentation is completed including the pick up and delivery times on the transfer documentation which will be retained for audit purposes.

- You are expected to comply with all road traffic regulations and transport laws.

- You must have the appropriate insurance.

- If you break down or have an accident, you must tell your control ASAP so they can send a replacement vehicle and contact the laboratory with an estimated time of delivery.

- You must inform the dispatch hospital of any loss or damage to the consignment as soon as possible.

  Blood Transfusion Lab contact Number ............................................................

- Your assistance in complying with these regulations is important to us.

<table>
<thead>
<tr>
<th>Driver Signature</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received By</td>
<td>Date</td>
<td>Time</td>
</tr>
</tbody>
</table>

Golden rules version 4 May 2017
6.0 REFERENCES

   (last accessed 24.07.13)

2. The Association of Anaesthetists of Great Britain and Ireland (2009), AAGBI Safety Guideline Interhospital Transfer
   http://www.aagbi.org/sites/default/files/interhospital09.pdf
   (last accessed 24.07.13)