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Objective

To outline the SNOD's role in the management of microbiological blood results at the time of donation

Changes in this version

Donor Characterisation Electronic Result Transfer (DCERT) updates. (Figure 2, Section 2,3 and 4)
Refer to INF1131 when intermediate results are identified. (section 2)

Roles

Specialist Nurse Organ Donation - SNOD

- Send, receive, and record microbiological blood results
- Where required discuss results with Biomedical Scientist (BMS) / laboratory technician and escalate to the Microbiologist at the local testing centre if further clarity needed
- Facilitate discussion between the Microbiologist at the local testing centre and the Transplanting surgeon if required.
- Communicate results to the recipient centre point of contact (RCPoC) and/or tissue establishments (TE)

 Communicate with the family as appropriate if donation is unable to proceed or is delayed

Team Manager (TM) / Regional Manager (RM)

 Advise and guide the SNOD should they require support

Hub Operations

 To implement the simultaneous offering process in the event of positive microbiology

Restrictions

N/A

Items Required

N/A

Instructions



To check if a laboratory is onboarded to the DCERT project, review DAT4292 Donor Characterisation Electronic Result Transfer Onboarded Laboratories.

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Figure 1: Managing microbiology results at the time of donation if laboratory is NOT in the Donor Characterisation Electronic Results Transfer (DCERT) project

Send blood samples to the laboratory and inform the Biomedical Scientist of samples for testing including the additional EDTA samples for HEV testing



Receive microbiology results

- Sign and date if paper copy received
- Discuss with the BMS and/or microbiologist on call any concerns or unexpected results for clarification
- Confirm repeat/confirmatory tests are being completed if appropriate



Email MSL if additional Malaria/T-Cruzi testing is required



Complete electronic donor record



If organ accepted pre availability of results, call RcPoC/TE's to inform that results are now available on EOS

Figure 2: Managing microbiology results at the time of donation if laboratory is in the Donor Characterisation Electronic Results Transfer (DCERT) project

Send blood samples to the laboratory and inform the Biomedical Scientist of samples for testing including the additional EDTA samples for HEV testing



Receive microbiology results:

- SMS received from DCERT
- Email received in Regional micro inbox from DCERT NHSBT with PDF results attached
- Results automatically uploaded on Microbiology tab in DonorPath
- Check results on Microbiology upload of DonorPath against PDF results



Email MSL if additional Malaria/T-Cruzi testing is required



If organ accepted pre availability of results, call RCPoC/TEs to inform that results are now available on EOS

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1. Collect blood sample(s) for microbiology testing

- 1.1 Refer to **SOP3630** Diagnostics Blood Tests
- 1.2 Send with FRM4278 National Virology/Microbiology Request Form and FRM5025 HEV/Malaria/ T.Cruzi Request Form

2. Receive and Enter Microbiology blood results if laboratory is NOT in DCERT or if DCERT system is down.

- 2.1 Receive Microbiology blood results. Results are received via secure email in the regional microbiology inbox.
- 2.2 Confirm correct report has been received, check demographics and content of report
- 2.3 Print out the final result, if possible, annotate with date and time and sign OR upload as PDF on attachment in DonorPath and document that the results are checked against 3 PID. If uploaded as PDF, label results as per DAT4008.
- 2.4 If received on PAPER; annotate with date and time and sign
- 2.5 Enter the Microbiology blood results directly onto DonorPath. To reduce transcription errors follow INF1130 Microbiological Screening Tables.
- 2.6 Check results entered onto DonorPath for accuracy. A provisional positive or initial reactive result must be entered into DonorPath as a positive result until the confirmatory testing has been complete. If unable to record on DonorPath follow SOP3925.
- 2.7 For immediate actions that must be taken for any intermediate or positive results, refer to INF1131.
- 2.8 HEV results will be available from MSL/SNBTS up to 5 days post donation and results will be emailed to DFCS. On receipt of results follow SOP3579.

3. Receive Microbiology blood results if laboratory is in DCERT

- 3.1 An SMS will be sent to your regional point of contact phone to inform you that the results have been sent to the microbiology inbox and uploaded by ERT to DonorPath
- 3.2 Check the regional microbiology inbox in Outlook.
- 3.3 Open the PDF and confirm that correct report has been received, check demographic and content of report
- 3.4 Check ERT DonorPath results against PDF. Print out the final result, if possible, annotate with date and time and sign OR upload as PDF on attachment in DonorPath and document that the results are checked against 3 PID. If uploaded as PDF, label results as per DAT4008.

∧ Advice

The SNOD should escalate their enquiry to the clinical microbiologist at the local testing centre if:

There is any uncertainty about any result

Any result which is not 'negative/not detected', unless they relate to CMV, EBV or Toxoplasmosis results

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Results received from Microbiology Services Laboratory (MSL/SNBTS) – MANUAL ENTRY OF RESULTS

- 4.1 HEV results will be available from MSL/SNBTS up to 5 days post donation and results will be emailed to the DFCS. On receipt of results follow SOP3579.
- 4.2 If required, all other results (BBV Nat, T-Cruzi, Malaria and WNV) will be available from MSL/SNBTS post donation. On receipt of results follow SOP3579.

Advice

If Maternal results received, these will need to be processed manually follow Step 2

Discuss with the BMS/technician at the local testing centre if there is concern about any microbiology blood result at the earliest opportunity

- 5.1 Request clarification of the results (anything other than "negative/not detected") with the biomedical scientist/ technician at the local testing centre unless they relate to CMV, EBV or Toxoplasmosis results. able to advice on the impact of the result for transplantation. A conversation between the Microbiologist and the transplant surgeon may need to be facilitated by the SNOD
- 5.2 If there is any concern, ambiguity, difference in routine reporting, unfamiliar terminology or change in laboratory process to that which the SNOD is familiar with (including working out of region) the report must be discussed with the BMS/technician and escalated as appropriate. react appropriately in order to facilitate discussion with the BMS/technician prior to them leaving the laboratory.
 - All SNODs must receive training in how to read laboratory reports and enter appropriately onto DonorPath prior to practising independently on the on-call rota
- 5.3 Ascertain the plan for additional testing if required and the expected time for the result
- 5.4 Ascertain the name and contact number of the Microbiologist on call at the local testing centre if further advice required. Ascertain if BMS / technician has discussed results with local microbiologist
- 5.5 Add any further information gained into the General Comments section on DonorPath

Contact the microbiologist at the local testing centre, if required

6.1 Telephone the microbiologist on call and voice record conversation. - The risk of transplantation is determined by the transplanting surgeon. Any further information given by the clinical microbiologist

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regarding the significance of the result on the transplant recipient should be entered onto DonorPath and RCPoCs informed

- 6.2 Discuss the significance of result(s) and plan for further testing
- 6.3 Request an interim report which includes an interpretation of the results
- 6.4 Facilitate discussion between microbiologist and transplanting surgeon if required
- 6.5 Document in the General Comments section any additional information/ interpretation of results given by clinical microbiologist

∧ Advice

If at any point microbiology blood results are received and are likely to delay or stop the donation process, seek advice from the RM if required and inform family of the delay/ halt in donation. Unconfirmed microbiology results should not be discussed at this stage. See MPD1131 Donor Microbiology - Role of the SNOD and Family Contact. RM point of contact: 07623 512222

- 7. If positive Hep B surface antigen (not hepatitis B core antibody), Hepatitis C antibody, HIV 1 and 2 antibody and HTLV 1 and 2 antibody have been confirmed contact Hub Operations and request that they commence the positive microbiology offering process
 - 7.1 If the HLA has not been received, contact the local HLA laboratory to enquire of timings and then inform Hub Operations once a time has been given for results to be available. It is important to ensure that the HLA is back prior to commencing the simultaneous offering process as organ allocation will be made in accordance with current allocation policy, many of which require HLA. The SNOD should inform Hub Operations that offering for donor XXXXXXX should be commenced via the positive virology simultaneous offering process.
- 8. If an organ has been accepted prior to the microbiology blood results being available on the electronic donor record or the results have been amended on DonorPath, contact the

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RCPoC/TE's at the accepting centre (and Hub Operations if responsibility for offering organs is shared)

- 8.1 Alert the RCPoC/TE's at the accepting centre(s) when the microbiology results are available on DonorPath. The SNOD must also verbally communicate the results to all RCPoC/TE's and Duty office detailing any advice sought from the local microbiology laboratory on significance of results
- 8.2 Alert the RCPoC/TE's to any specific results that are anything other than negative/not detected and the significance of the results as per the microbiologist advice
- 8.3 Alert RCPoC/TE's if any additional tests are being processed
- 8.4 If RCPoC/TE's decline any organs accepted prior to the microbiological blood results being available inform Hub Operations and then follow step 8.

Final check of microbiology results entered into DonorPath prior to offering organs

- 9.1 Check each result entered into DonorPath individually against microbiology blood report before organs are offered
 - → If a discrepancy is found, go to Step 3
- 9.2 If organs are offered before microbiology results are available, the final check of each result entered into DonorPath against the microbiology blood report must be completed prior to mobilisation to theatre.

<u>⊝ End of Procedure</u>

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Definitions

- MSL (previously NTMRL National Transfusion Microbiology Reference Laboratory) -Microbiology Services Laboratory
- GDRI Geographical Disease Risk Index
- ERT- Electronic Results Transfer
- DCERT Donor Characterisation Electronic Results Transfer
- **SNBTS** Scottish National Blood Transfusion Service
- **HEV** Hepatitis E Virus
- DonorPath Secure electronic system to upload clinical information.

Related Documents/References

- MPD1131 Donor microbiology Role of the SNOD and family contact
- FRM4278 National Virology/Microbiology Request Form
- FRM5025 HEV/Malaria/ T.Cruzi Request Form
- SOP3925 Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability
- INF1130 Microbiological Screening Tables
- INF1131 Organ Donor Screening Significance of the confirmed positive result
- SOP3579 Management of Microbiological results received post organ and/or tissue donation
- SOP3630 Diagnostics Blood Tests
- DAT4008 Uploading and Documenting Microbiology Results on DonorPath
- DAT4292 Donor Characterisation Electronic Result Transfer Onboarded Laboratories

Appendices

N/A