
Objective

The purpose of this document is to ensure that the Specialist Nurse (SN) Team Manager (TM) and Donor Family Care Services (DFCS) are clear about their responsibilities when any and all outstanding final microbiological laboratory reports are received post donation, and the actions to take.

Microbiology is the study of all living organisms and includes Bacteriology, Mycology, Virology, Protozoology, Parasitology, Immunology, Phycology and Nematology

Changes in this version

Escalation process for positive inconclusive/indeterminate HHV-8 results.

Roles

• Specialist Nurse (SN)

- To ensure that all microbiology results in the final report are communicated to all accepting centres via Recipient Centre Points of Contact (RCPoC) and Tissue Establishments (TE's).
- To check all final microbiology results when received against those already documented in DonorPath
- To ensure that any variance in the microbiology results are communicated to RCPoCs/TE's and reported via NHSBT Incident Reporting system if appropriate
- To add additional expected results to DonorPath
- Once results have been checked by SN, SN to document in the DonorPath attachment comment box any actions taken.
- The Point of contact is responsible to ensure that the results are uploaded to Donorpath as PDF and actioned. This will be allocated per regions

• Donor Family Care Services (DFCS)

- Ensure that the final report is date stamped when printed by the Donor Family Care Services
- To communicate with the local laboratories if the final report has not been received into the Donor Family Care Services within 7 days' post donation.
- If results received out of hours, DFCS to check PDF results have been attached to DonorPath and checked by SN.
- Upload to 'Attachments' including the Type and Title, Date and time utilising DAT4008
- File documentation within the donor record
- Steps for DFCS process are outlined in SOP5049
- Note: All microbiology results must be reviewed by a SN/TM. It is not the responsibility of the Donor Family Care Services to interpret the microbiology blood results

Restrictions

- N/A

Items Required

- This SOP is to be utilised by qualified and trained SN. In the event of a specialist nurse who is in

training, this SOP is to be utilised under supervision

Instructions

SNOD/TM

- 1. On receipt of the final laboratory report- verify, check and confirm that each individual result has been compared against results already documented on DonorPath.**

 **Advice**

Microbiology Services laboratory (MSL) will not ordinarily test samples over 8 days old (i.e. if samples are not forwarded by the local laboratory in a timely manner), however they will test samples if an e-mail request is sent by the SN. SN's will be alerted by DFCS that sample results have not been received.

If a sample (HEV / HHV-8) isn't forwarded onto MSL then the SNOD could link if the donor has been a tissue donor. This can be done by emailing TESCAT@nhsbt.nhs.uk for G number and the result can be obtained from MSL.

- 1.1 Locate results within DonorPath and check each individual result against the final microbiology laboratory report. By stating the report has been 'checked', the SN is confirming that the final report has been compared against the results already documented on DonorPath and checked against 3 points of PID as set out in section 5
- 1.2 Uploaded results that have not previously been received at the time of donation will require checking. This includes but is not limited to HEV, HHV-8, SARs CoV2 RNA, Malaria, WNV and T-Cruzi and any other additional anticipated microbiology results triggered during donor characterisation, facilitated by the SNOD and processed at NHSBT MSL Colindale/ SNBTS. The report will need to be manually uploaded and the result added to the relevant field in the 'Microbiology tab' in DonorPath (if available for that test e.g. HEV).
- 1.3 Compare individual results on DonorPath against the final report to ensure no discrepancies in results.

 **Warning**

For laboratories participating in DCERT, where the final and interim results differ, these will be automatically updated in DonorPath by ERT. The DCERT email containing the final results will inform you of a discrepancy. Please check interim results PDF for original result. [Go to step 2.](#)

- 1.4 Document what actions have been taken - see section 8 for correct documentation required. This checking process must be actioned on the same working day. Please see step 9 if you are the point of contact over weekend/ out of hours.

2. Is there a difference between result received at the time of donation and results received post donation or any additional results?

- [If Yes, Additional Information go to Step 3](#)
- [If Yes, Discrepant Information go to Step 4](#)
- [If No go to Step 7](#)

- Where intermediate and indeterminate results are identified refer to INF1131

3. Does this require escalation?

 **Advice**

HHV-8 - The MSL Consultant Microbiologist will be aware of all positive / inconclusive / indeterminate results before they leave the laboratory and will inform the OTM.

All results must be shared with transplant centres and in the event of a positive or inconclusive/indeterminate result, make sure that the transplant centre is made aware of the accompanying comments in the laboratory report.

A plan will be agreed between Consultant Microbiologist and the OTM and the OTM will support the consultant microbiologist with the necessary communications with transplant centres. When communicating with the transplant centres the full name and contact details must be recorded of the RPoC / Consultant / best clinical person that the results are being given to.

This must be followed up by an email with the results attached and should be clearly documented on SoE stating the full name and contact details of the RPoC / consultant / clinical person that the results have been shared with.

The results must also be uploaded to DonorPath.

The OTM will be asked to complete a HHV-8 database, a link will be sent at the time via email by the consultant microbiologist.

Where an organ donor has also donated tissues and subsequently tested positive for HHV-8, Tissues services must be informed of any positive / inconclusive results and will be responsible for any action required.

NB: The OTM may delegate to a SN however will have overall responsibility!

Additional EBV and Toxo results (positive or negative) do not need to be actioned by a phone call to the RCPoC or escalated to a TM. They must be added to DonorPath and sent via email to the accepting centres and this action documented on the Attachment section pertaining to the uploaded results on DonorPath

→ [If Yes go to Step 4](#)

→ [If No go to Step 7](#)

4. Discuss with TM/RM who will advise if it is appropriate to seek specialist advice

- 4.1 Discuss the discrepant information or additional information that requires action with TM/RM and follow **MPD1131** Role of the Specialist Nurse Organ Donation/Clinical Support Nurse Team in Communicating Positive Virology with Donor Families / Next of Kin + **INF1130** Microbiology screening table + **INF1131** – Organ Donor Screening – significance of confirmed positive results.
- 4.2 If required - Discuss with the local testing laboratory- SNs must always inform their TM if a difference is noted between microbiology results. Whenever there is a discrepancy, the local testing laboratory must be contacted in the first instance to establish relevant facts.
- 4.3 Escalate to the Microbiology Services Laboratory at NHSBT Colindale, if required. Prior to contacting MSL Colindale - DonorPath must be available and SN/TM will be familiar with the case **FRM5037** Routine Reporting of Reactive Microbiology Results from ODT – must be completed prior to contacting MSL.
- 4.4 Confirm plan of action/seek advice where required.
- 4.5 Update SoE on DonorPath if required once the final result has been discussed and the investigation concluded signposting the user to the results in the Attachment section and Notes as required.
- 4.6 Complete ODT Incident Report form if indicated.
- 4.7 Consider if the confirmed results in the final report have implications for the family. - Refer to **MPD1131** Role of the Specialist Nurse Organ Donation/Clinical Support Nurse Team in Communicating Positive Virology with Donor Families / Next of Kin.

Advice

Any request made for samples to be released to transplanting centres for additional microbiological testing should be escalated to a TM/RM for approval and to discuss the rationale and consequence of this. Any queries regarding discrepant donor microbiology results post-transplant must be discussed with the clinical microbiologist.

5. SN to contact ODT Hub Operations or review Organ Outcome Summary if available on DonorPath to confirm final location of organ(s) including organs for Research

- 5.1 Confirm the following:
- 3 acceptable PID references must be checked; ODT number if included on the report plus 2 of the following 3 additional identifiers- donors name, DoB and NHS number/CHI number
 - Final location of organs for transplantation
 - Whether tissue has been donated/transplanted and name of Tissue Establishments (TEs)
- 5.2 SN's must document as a Key Note in SoE the final destination of organs and tissues retrieved including research after clarification from Hub Operations or on review of the Organ Outcome Summary. This can then be referred to for ongoing sharing of information prior to Organ Outcome Summary being loaded on to DP

Advice

If final laboratory reports are sent to the SN whilst donation is still in progress and the final destination of organs retrieved cannot be confirmed, then the SN should check the results as per step 1 on the same working day and follow steps 2-4. Sending the results on to the accepting centre via email can wait until the next working day when the final destination is confirmed. ODS Teams should have local processes in place to ensure this outstanding action is tracked and documented.

6. Telephone Recipient Centre Point of Contact (s) (RCPoC(s)/NRC/Research centre) to alert them that there are new microbiology results available

- 6.1 Confirm ODT donor number, date of donation and donating hospital
- 6.2 Confirm that transplant has occurred with identified organ/tissue.
- 6.3 Alert RCPoC/NRC/Research Centre that there are new microbiology results on DonorPath and an email will be sent with the final report attached which requires action
- 6.4 Ensure the name of the RCPoC made aware of the pending result is requested and documented on DonorPath

7. **Email Laboratory Report to all organ specific RCPoC(s) /NRC/ Research centre via NHSBT email**

- 7.1 In Scotland, if the result is coming from the Scottish National Blood Transfusion Laboratory (SNBTS), there is no need to send the report to the SNBTS tissue bank as they will already have visibility of that result automatically.
- 7.2 It is the responsibility of the lead SN to ensure that a copy of the final microbiology result is sent to transplant centres once organs have been transplanted
- 7.3 Confirm final destination of organs/tissues as set out in step 5
- 7.4 Attach and send the laboratory report to RCPoC/NRC via NHSBT email and mark with 'high importance'. - No other information must be included in this email other than the reporting of final microbiological blood results. - List of transplant unit email addresses – **DAT2792**.
- 7.5 Ensure subject line on email includes:
 - ORGAN DONOR Final Microbiology Laboratory report-urgent attention
 - Or
 - ORGAN DONOR Maternal Final Microbiology Laboratory report-urgent attention
- 7.6 Include following information in the body of the email:
 - ODT number
 - Donor hospital
 - Date of donation
- 7.7 If organs have been accepted in to a research program all final laboratory results must be emailed to them. HUB operations will be able to confirm which research programs these have been accepted in to and provide the email address to send the results to.
- 7.8 If organs are transplanted in Europe, all final laboratory results are to be emailed to odthuboperations@nhsbt.nhs.uk who will communicate results with the final destination European Transplant centre.

8. **Document in Notes in the Attachments section on DonorPath pertaining to the uploaded Laboratory report**

- 8.1 Document that the attached results have been checked as per section 1 of this SOP and the action required. SoE may be required in addition for good documentation of actions taken
- 8.2 State the 3 specific acceptable points of PID used as identifiers e.g., ODT Number, Date of Birth, Name, NHS number/CHI number
- 8.3 Which Transplant centre/TE's has been notified of the final report including which organ has been transplanted e.g., Birmingham- Liver, Newcastle-Heart.
- 8.4 Date and time RCPoC(s)/TEs notified and the name of the RCPoC if alerted by telephone
- 8.5 Include all relevant information in **FRM5499** - SN to DFCS Handover Form.

9. Results received over weekend/ out of hours

- 9.1 Point of contact is responsible for uploading the results as a PDF onto DonorPath to 'Attachments' including the Type and Title, Date and time utilising DAT4008

→ [To review results, go to Step 1](#)

⊖ End of Procedure

Definitions

- **DCERT** – Donor Characterisation Electronic Result Transfer
- **ERT** – Electronic Result Transfer
- **OTM** – Operational Team Manager
- **DFCS** – Donor Family Care Service
- **RPoC** – Recipient Point of Contact
- **SoE** – Sequence of Events
- **MSL** – Microbiology Services Laboratory

Related Documents/References

- **MPD1131** - Role of the Specialist Nurse Organ Donation/Clinical Support Nurse Team in Communicating Positive Virology with Donor Families / Next of Kin
- **FRM5037** - Reporting of Reactive/Discrepant Microbiology Results
- **INF1130** - Microbiological Screening Tables
- **INF1131** - Organ Donor Screening - Significance of the confirmed positive result
- **FRM5499** - SN to DFCS Handover Form
- **DAT2792** - Recipient Centre Point of Contact- List of email addresses
- **DAT4008**- Uploading and Documenting Microbiology Results on DonorPath
- **SOP5049** - Donor Family Care Service (DFCS) Process Manual

Appendices

N/A