North West Anglia NHS Foundation Trust

BloodTrack Procedure
Version 1.2

Document Type:	Procedure		
Central Index Number:	C0160b		
Document Owner: (Name, job title and email)	Emily Rich, Lead Transfusion Practitioner, emily.rich3@nhs.net		
Division:	Family and Integrated Support Services Division		
Directorate/CBU:	FISS - Pathology		
Scope (please select)**:**	☑ Trust wide	☐ Specific staff group:	
Standards and Legislation and key related documents:	Blood Safety and Quality Regulations 2005 British Society for Haematology Guidelines		
Specialty Meeting Approval:	FISS - Pathology Specialty Meeting	**Date:**	15 May 2025
CBU Meeting Approval:	Hospital Transfusion Committee	**Date:**	26 February 2026

Additional Approval *(if required)*:				
PSC - *Tick* ☐	**D&TC** - *Tick* ☐	**TIPCC** - *Tick* ☐	**Safeguarding Committee** - *Tick* ☐	**ELD** - *Tick* ☐
Enter date	Enter date	Enter date	Enter date	Enter date

First-Level Approval: (Divisional Leadership Board)	FISS Divisional Leadership Board	**Date:**	25 June 2025
Second Level Approval: (*if required* – please consult sect. 6.4 of the Trust Wide Document Control Policy)	Quality Governance Oversight Committee	**Date:**	14 August 2025
Review Date:	14 August 2028		
Target Audience:	Staff across all sites		
Trust Partnership Group Approval:	N/A	**Date:**	Enter date
Date archived:	*For Corporate Governance Compliance Team use only* Click or tap to enter a date.		

CAUTION: REFER TO THE DOCUMENT LIBRARY FOR THE MOST RECENT VERSION OF THIS DOCUMENT

UNCONTROLLED COPY WHEN PRINTED

AUTHOR'S CHECKLIST

Document Title:	BloodTrack Procedure
Central Index Number:	C0160b

Must be completed when reviewing existing published documents only

Before beginning the process of reviewing and updating an existing document, please take the below into consideration:

Considerations for all documents		Y/N	Action	
			"Yes"	"No"
1.	Is the document still required?	Yes	Please see question 2.	Arrange document removal with Exec Director/Chair of DLB and forward to the relevant compliance team.
2.	Has there been any change in guidance or national policy since the previous version?	No	Please see question 4.	Please see question 3.
3.	**REVIEW DATE ROLL ON:** Where there has been no major[1] change to the document, can it be approved without having to go through all relevant committees (including those in chronological order)?	Yes	Exec Director/Chair of the DLB to approve new review date by email*. *(see version control summary/page 3)* The following information must be sent to the relevant compliance team: 1. Evidence of review date approval (*email). 2. Author's Checklist page only. Non-Clinical Compliance Team Clinical Compliance Team	Please see question 4.
4.	Can the document be approved at first-level only? (Please refer to section 6 of the Trust-wide Document Control Policy)	Yes	Proceed with review and **first-level only** approval processes.	Proceed with review and both first and second-level approval processes.

[1] As defined in section 7.3 of the Trust-wide Document Control Policy

VERSION CONTROL SUMMARY

Version:	Page/Section of Document:	Description of change: (List all amendments made to the document. "Review" or "Update" is not sufficient information.)	Date Exec Director/Chair of DLB approval given for change of review date only	Date approved:	Date published:
1		New procedure document to describe procedure to use when using the BloodTrack system		14.08.2025	20.08.2025
1.1	Section 4.1 Section 5.1 Section 6	Adjusted to reflect amendments to system. Requirement of a Pickup slip. Requirement to log-in to access Patient Lookup Change to Emergency blood collection	N/A	N/A	14.10.2025
1.2	Section 6	Change to Emergency blood collection – removal of requirement for a hospital number for access to emergency O blood	N/A	N/A	09.03.2026

DOCUMENT CONTRIBUTORS

Please list the details of all who contributed to the development of this document.

Name	Job Title	Version Contributed to
Emily Rich	Lead Transfusion Practitioner	Version 1-1.2
Kat Janse van Rensburg	Deputy Transfusion Practitioner	Version 1.1

CONTENTS

The latest version of this document is on the Document Library.

Any printed copies must be checked against the Document Library version to ensure that the latest version is being used.

1. INTRODUCTION

1.1 BloodTrack is an electronic blood tracking system, which is used to ensure blood is stored and moved safely and in compliance with the Blood Safety and Quality Regulations 2005.

1.2 BloodTrack Enquiry can be used to check if there is blood available for the patient, and to fate units once they have been transfused.

BloodTrack Kiosks are used to document checking and removal of blood products from storage locations and their movement between locations.

2. PURPOSE

2.1 This document is intended to be used as a guide to using the BloodTrack system.

It will be used in addition to the main Blood Transfusion Policy C0160

3. SCOPE

3.1 Anyone using BloodTrack must complete the relevant training and competency assessment as detailed in the Policy for training and competency assessment of staff involved in transfusion C0175.

3.2 BloodTrack Kiosks – used by trained registered and non-registered staff to collect blood

BloodTrack Enquiry – used by trained Registered Practitioners to look up availability of blood, generate a Pickup slip, confirm arrival, and confirm transfusion.

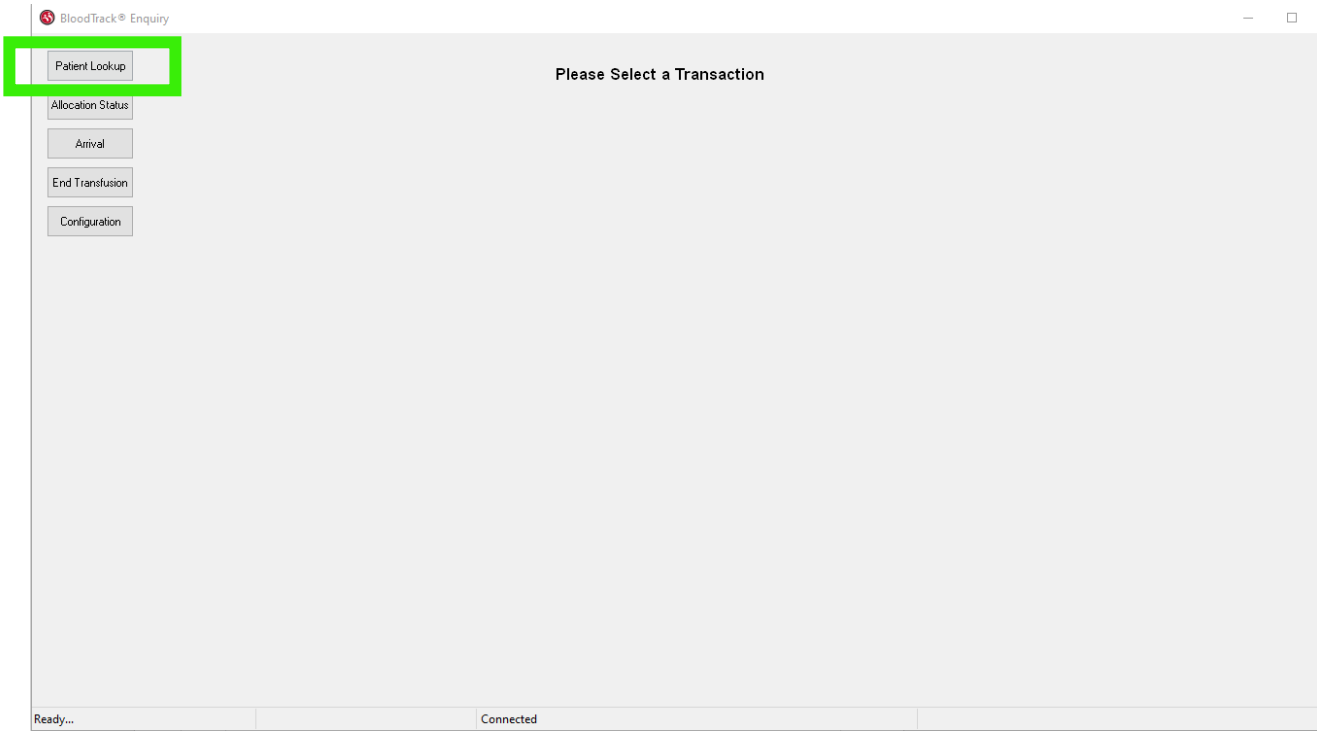
4. BLOODTRACK ENQUIRY AND PRINTING A PICKUP SLIP

4.1 **Using BloodTrack Enquiry to check if blood is available for the patient.**

BloodTrack Enquiry can tell you if the patient has a blood group on record, and if the laboratory has a suitable sample to issue blood from.

- Select the BloodTrack Enquiry icon from the desktop, or search ‘BloodTrack Enquiry’ on the Windows menu.

Always use the blood prescription to check against patient identity details on BloodTrack Enquiry.

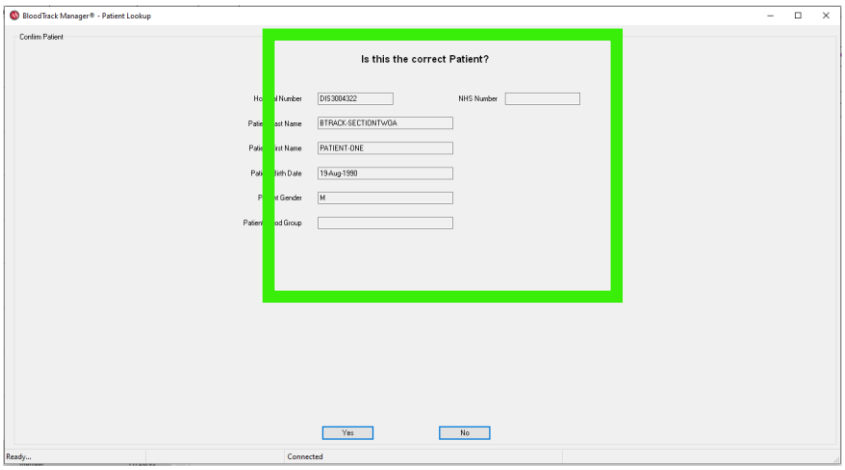


- Click on ‘Patient Lookup’
- Enter your log-in details - scan barcode or type your user number (including any hidden check digits)
- Type in the patient DIS or NHS number.

You can select the Product Group if looking for a particular type of product (e.g. anti-D) or just select All Products.

- Click on ‘Search’

You will be asked to confirm the patient details - , please check full name, date of birth and DIS/NHS number.



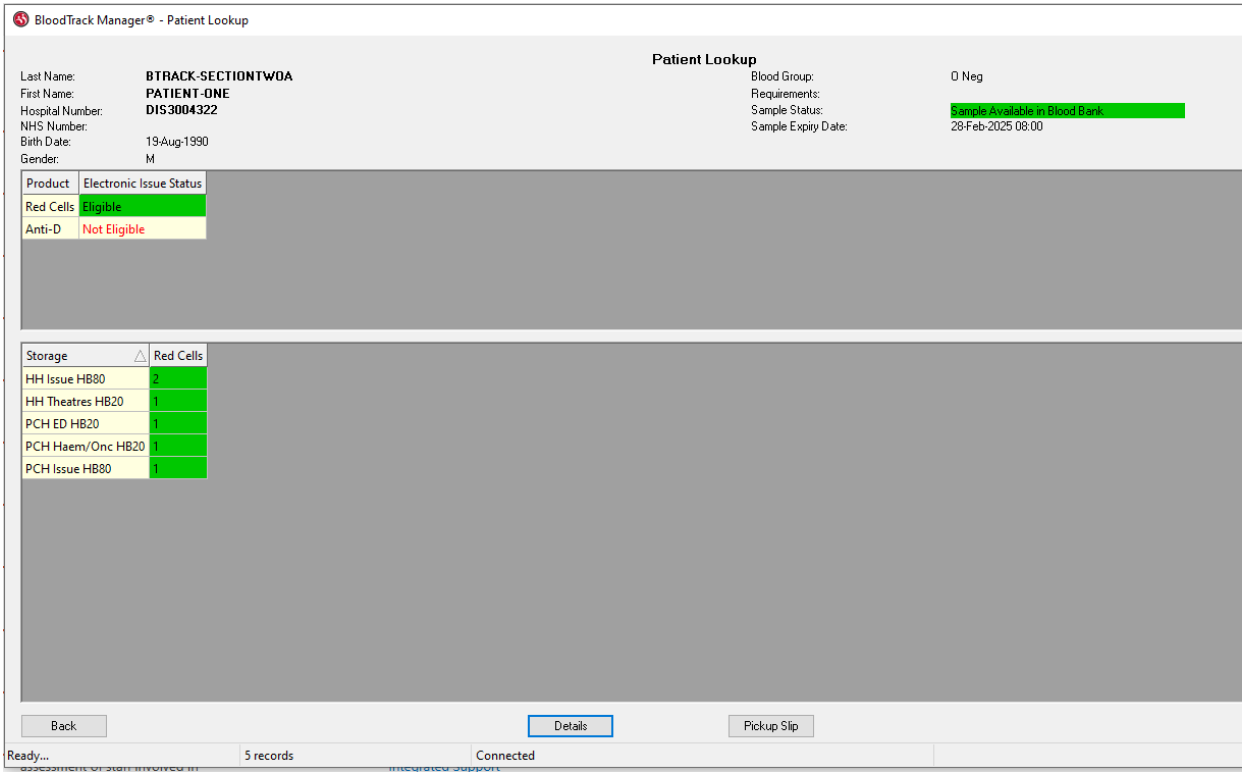
Once patient details are confirmed you will see the Patient Lookup screen, a screen showing patient details and any available products.

The grey section at the top shows:

- Patient demographics
- Patient blood group if known to the system
- Any known special requirements
- Whether the lab have a sample suitable for issuing blood
- The time and date the sample expires.

The top box indicates if the patient is eligible for electronic issue of products. This will allow products in a fridge to be allocated to the patient from a remote location – a traceability tag will then be printed upon collection.

The lower box indicates available products for the selected patient.



4.2 BloodTrack Enquiry is used to generate a Pickup Slip – this document must be used to collect blood from a Haemobank (excluding emergency blood – see section 6)

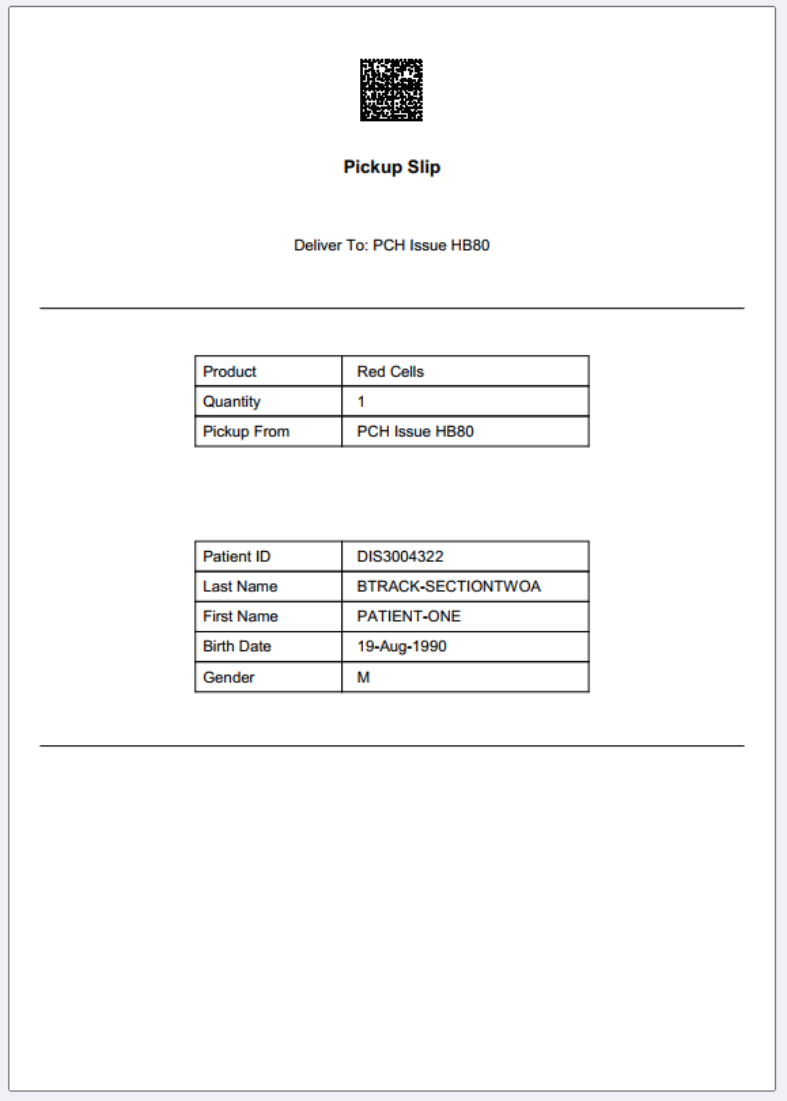
To generate a Pickup Slip

- Click on the column showing the product required and the row with the location you will be collecting from.
- Select ‘Pickup Slip’

- Choose the number of units required – this should routinely be 1 unit unless for a major haemorrhage.
- Press ‘OK’

Print to your designated printer.

A Pickup Slip containing the patient details, product, quantity, location to collect from and barcode will be printed as shown below:.



Pickup Slip

Deliver To: PCH Issue HB80

Product	Red Cells
Quantity	1
Pickup From	PCH Issue HB80

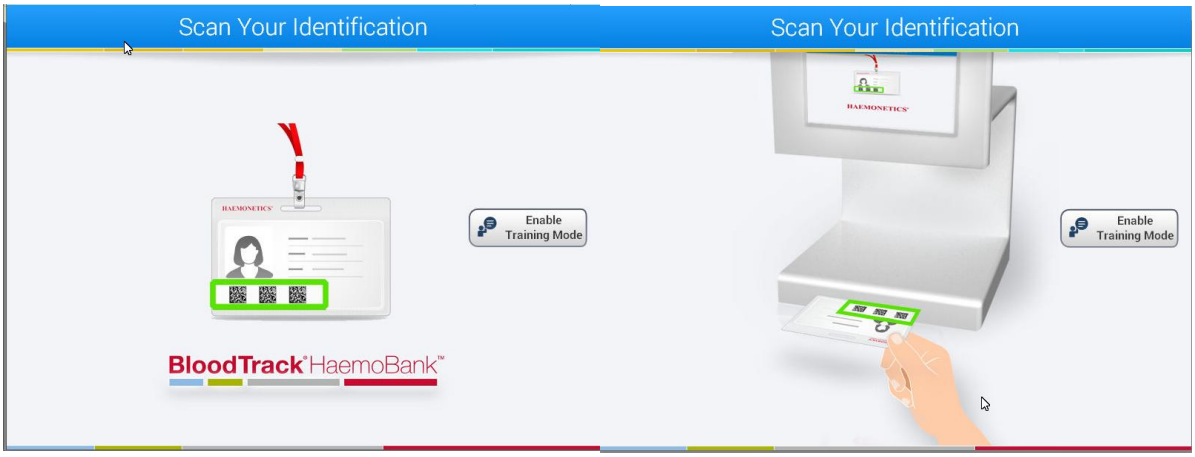
Patient ID	DIS3004322
Last Name	BTRACK-SECTIONTWOA
First Name	PATIENT-ONE
Birth Date	19-Aug-1990
Gender	M

5. COLLECTING BLOOD FROM A HAEMOBANK USING A PICKUP SLIP

5.1 Removing a unit with a pickup slip

The BloodTrack Kiosk will give written instructions along the top of the screen, it will audibly tell you what to do next, and a green box will highlight any barcodes you need to scan.

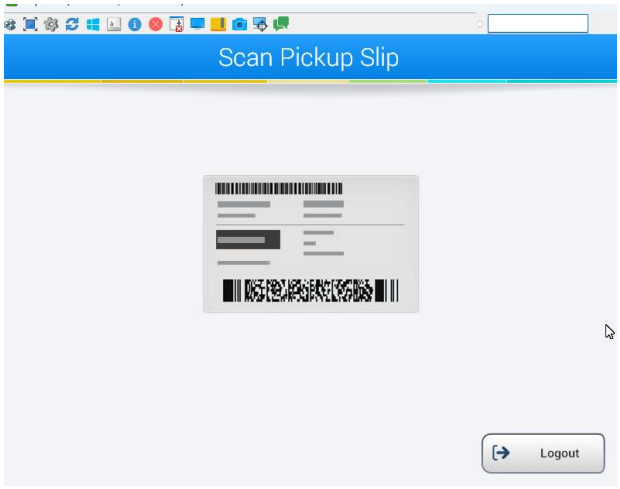
When you arrive at the kiosk you will see the screen below.



- Log into the BloodTrack Kiosk using your ID Barcode. If the scanner doesn't work initially tap the screen to wake it and try again.

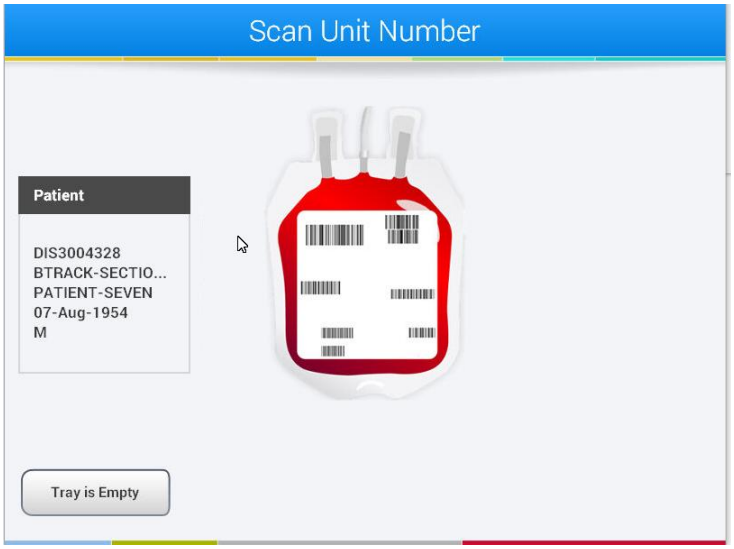
- Select ‘Taking Out’

At this point you will be prompted to scan your Pickup Slip.



Once the Pickup Slip is scanned the Haemobank will show you which unit of blood is allocated to your patient. The fridge will unlock and the allocated drawer will be highlighted with a blue light.

- Take the unit out of the drawer and close the drawer and fridge door

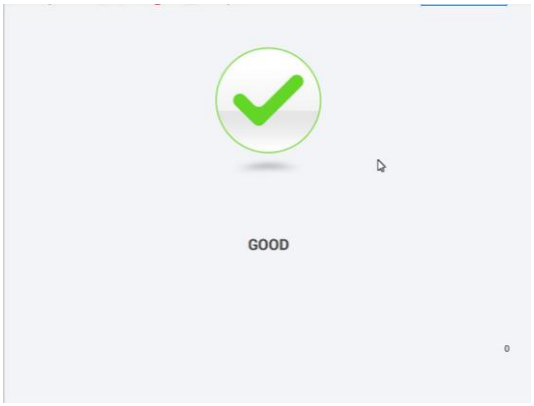


- Scan the unit number to confirm you've removed the unit.
- DO NOT PRESS the 'Tray is Empty' button unless you cannot see the unit in the draw selected by the fridge

Now either:

- if the unit is un-labelled then, a tag will be printed, and you will have further instructions to follow – see 5.2 below.

- if the unit is already labelled then as you scan the unit you should get a 'Good' message. Check the details on the tag match your intended patient details on the Pickup slip.

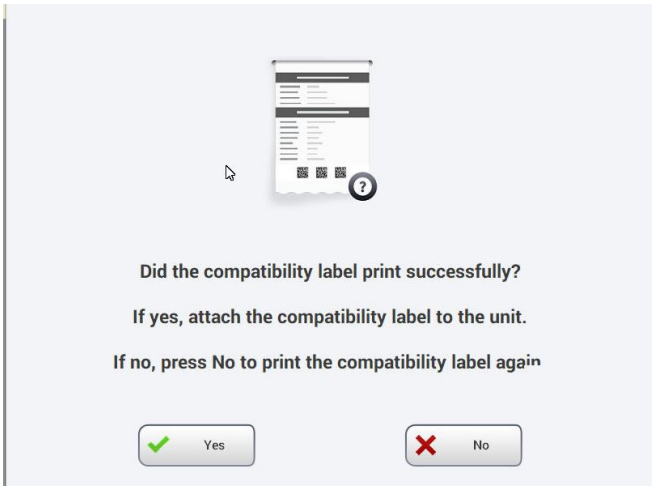


5.2 Adding a traceability tag

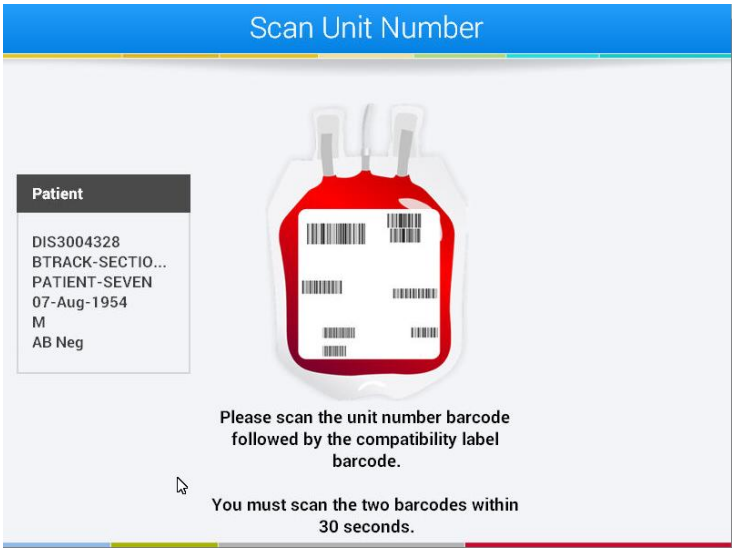
If you are collecting blood that has not been previously issued to your patient you will need to attach a traceability (compatibility) tag upon collection. This may be emergency blood, or it may be blood remotely allocated by the laboratory.

Follow the steps shown on the Kiosk ensuring you scan the relevant barcodes.

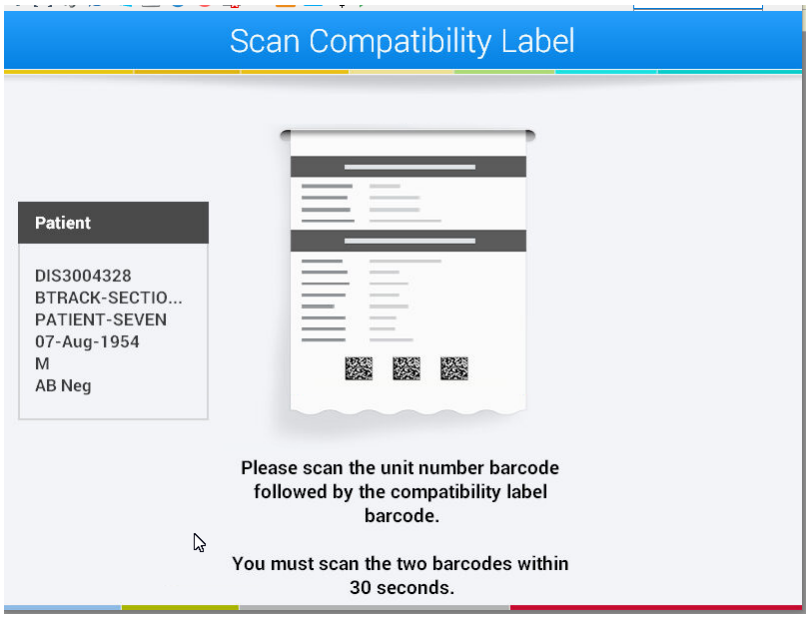
You will be asked to confirm that the label printed correctly.



You MUST attach the printed label to the unit before proceeding to the next step.

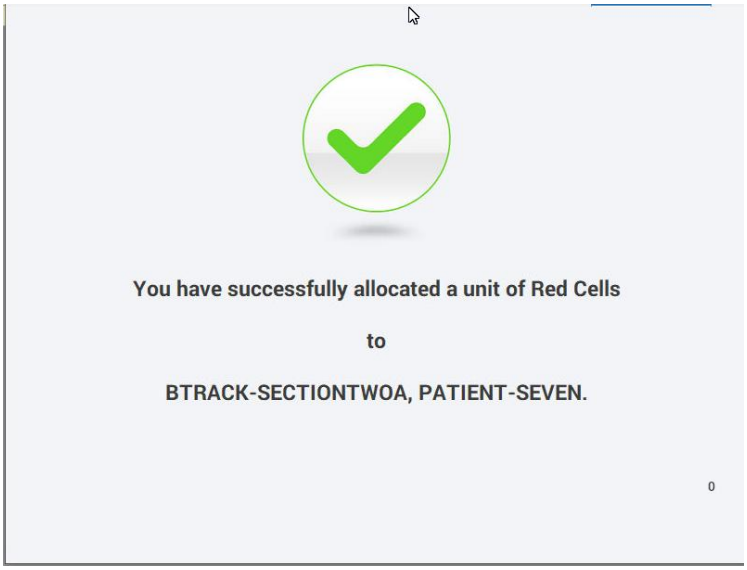


- Scan the unit number



- Scan the compatibility label – small 2D barcode at the top of the tag.

If this process has been followed correctly you will get the message below and a green tick.



5.3 Before you leave the kiosk

- If your pickup slip has requested an additional unit it will be presented after you have removed the first unit by a highlighted blue drawer – follow the instructions to remove. NOTE: If you do not need this unit fully remove it following the steps above, log out, then log back in to 'put in'. It can then be safely used at a later time.

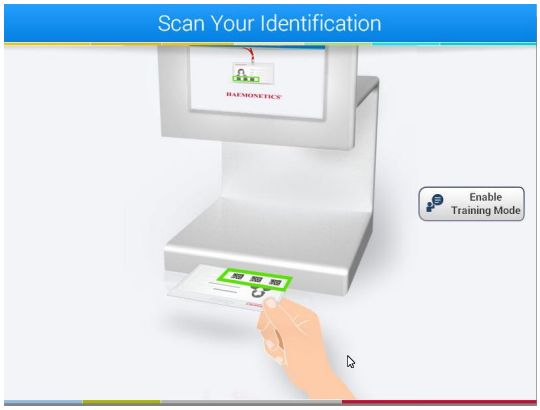
- **Always wait for the 'Good' message or green tick before logging out and leaving the area.**

Transport the unit to the clinical area in a red transport bag.

6. COLLECTING EMERGENCY BLOOD FROM A HAEMOBANK

6.1 Emergency blood

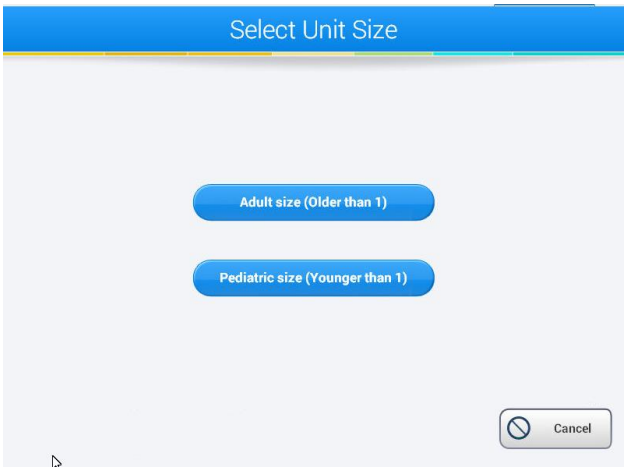
When you arrive at the kiosk you will see the screen below.

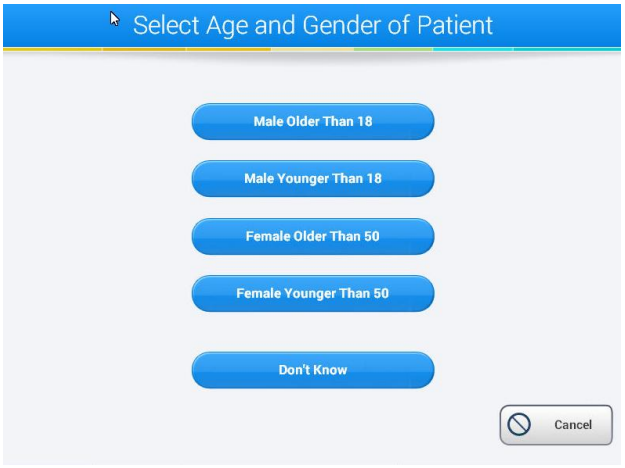


- Log into the BloodTrack Kiosk using your ID Barcode

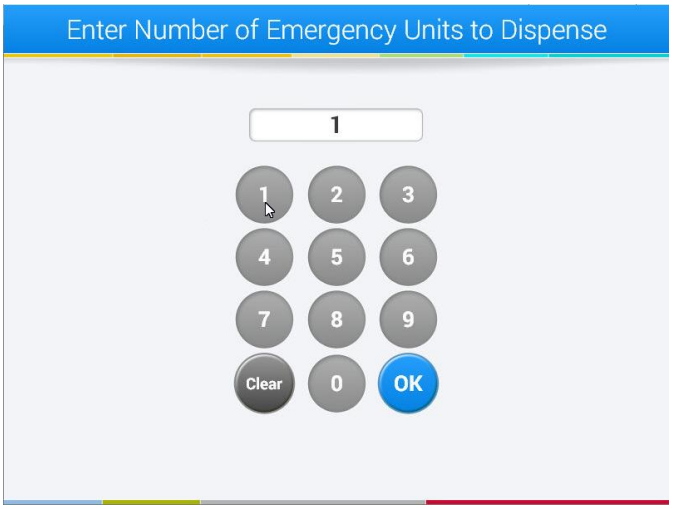
- Select Emergency Units

You will be asked to select the age and gender of your patient





You will then be asked to enter the number of emergency units to dispense. This will usually be 1 but may be 2 in major haemorrhage situations.



Please note the number of the emergency units in the fridge is limited – you must notify the laboratory of the ongoing bleeding and activate Major Haemorrhage Protocol as they will be able to issue more emergency products to the patient and replace the ones collected from the fridge.

Depending on the patient age and gender you may now be offered:

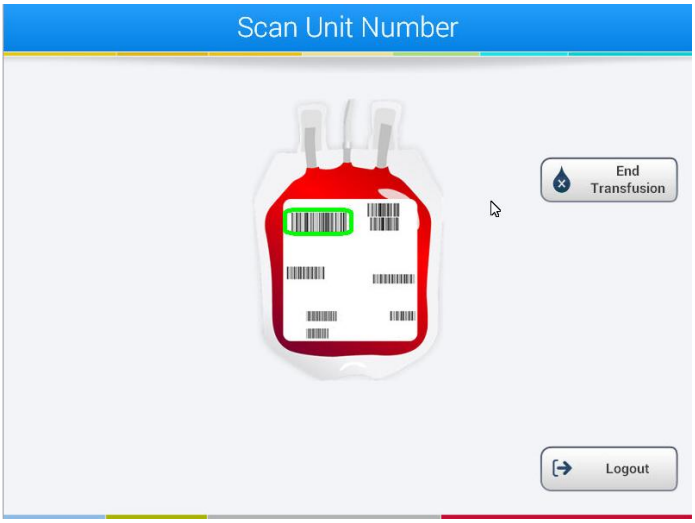
- Emergency (un-crossmatched) group O RhD positive – adult units
- Emergency (un-crossmatched) group O RhD negative – adult units
- Emergency (un-crossmatched) group O RhD negative – neonatal units

The kiosk will make the decision for you based on your answers to the questions - you will be prompted to remove the unit using the usual steps.

The fridge will show you which unit to collect – the allocated drawer will be unlocked and lit with a blue light.

- Open the door and remove the unit.

- Scan the unit number

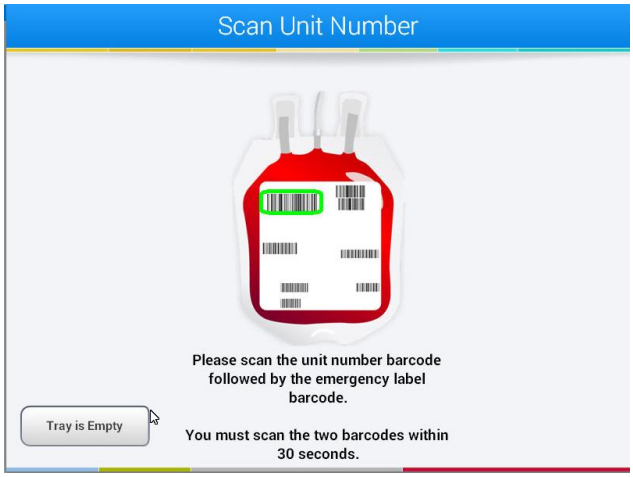


A label will then be printed.

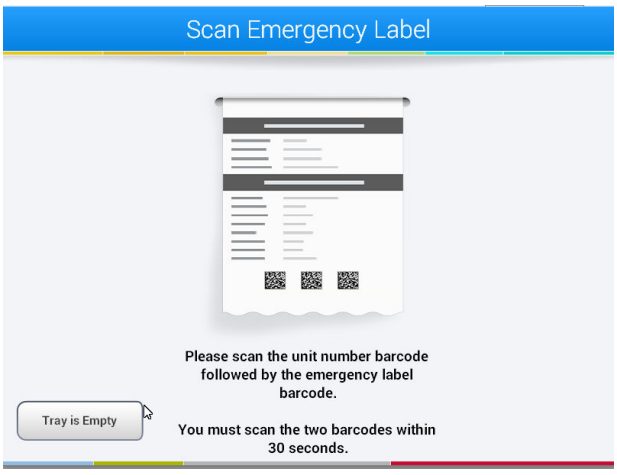
You will be asked if the label printed correctly. If it hasn't printed click 'No' to print again.

If you have further issues speak to Blood Bank.

- Once the label has printed attach it to the unit and then click Yes.

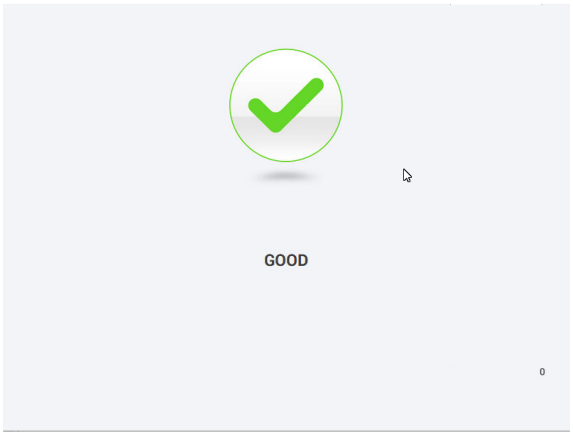


- Scan the unit number



- Scan the small 2D barcode on the traceability label – this must be within 30 seconds of scanning the unit barcode to verify it has been attached to the correct unit.

You will get the message ‘Good’ if the process has been completed correctly



Do not take the blood until you have the ‘Good’ message and the tag is attached to the unit.

At the earliest possibility you must also inform the laboratory that you have had to use the emergency blood.

7. COLLECTING BATCH PRODUCTS (E.G. ALBUMIN/OCTAPLEX)

Some blood products do not fit in the Haemobank trays, and are therefore stored in a separate batch product fridge for collection. The fridge is also connected to a kiosk and you must log into the kiosk when collecting those products from the batch fridge.

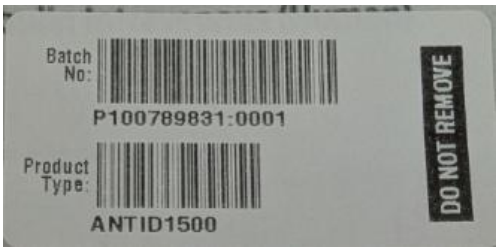
The batch fridge at PCH is located in the corner of the Blood Bank issue room.
The batch fridge at HH is the old blood fridge located in a access controlled room next to the laboratory.

Products in these fridges will have the traceability tags attached by the laboratory staff prior to storage.

Where more than one product is available for your patient the kiosk screen may ask you to remove/use them in a specific order (this will generally be guided by the expiry date of the product). You must ensure you check the unit number on the screen and remove the correct one from the fridge.

Every batch product you take out MUST BE scanned out INDIVIDUALLY by using the kiosk.
This ensures that the Kiosk can check you have taken the product issued to your patient, and that the product has been stored in a suitable condition prior to use.

The removal instructions are virtually identical to the Haemobank but the barcode you scan will look slightly different.
Ensure you scan the 'Batch No' barcode on the product – this is the top barcode on a small sticker attached to the box.



Once you have scanned and removed all of your products, and waited for the green 'Good' message, ensure you log out.

8. COLLECTING PLATELETS AND CRYOPRECIPITATE

Platelets are stored in an incubator and constantly agitated – you can collect them using the same process as for other blood products.

At HH speak to the laboratory staff who will help you to remove the product from the laboratory agitator.

At PCH use the kiosk adjacent to the platelet incubator and follow the same process as for batch products.

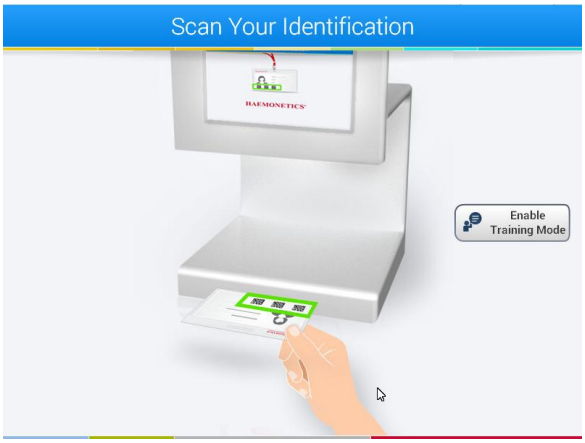
The traceability tags will be attached to the bag of platelets/cryoprecipitate by the laboratory staff.

Sometimes the kiosk will ask you to collect a specific platelet unit . When this happened you must ensure that the unit number on the kiosk screen matches the unit you remove from the incubator, including any details of pack numbers ensure that the patient ID details on the tag match your Pickup Slip.
Scan the platelets out and action any potential alerts.

Once you receive the ‘Good’ message you can log out.

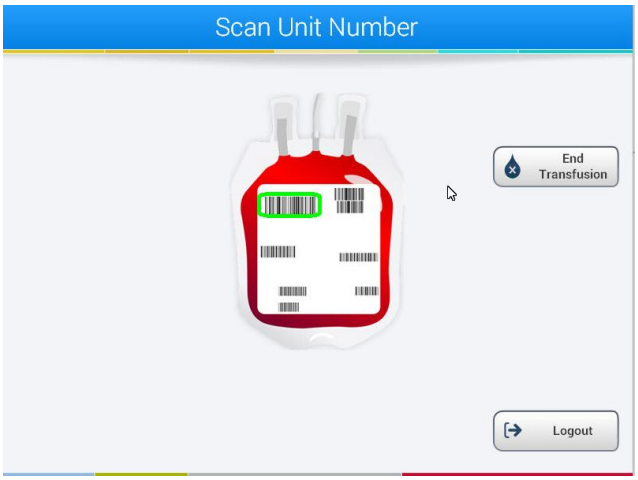
9. RETURNING BLOOD/MOVING INTO ANOTHER FRIDGE

9.1 The process for returning blood that is no longer required, and moving blood between BloodTrack fridges, is the same.



- Scan your BloodTrack ID barcode to log in.

- Select ‘Putting In’

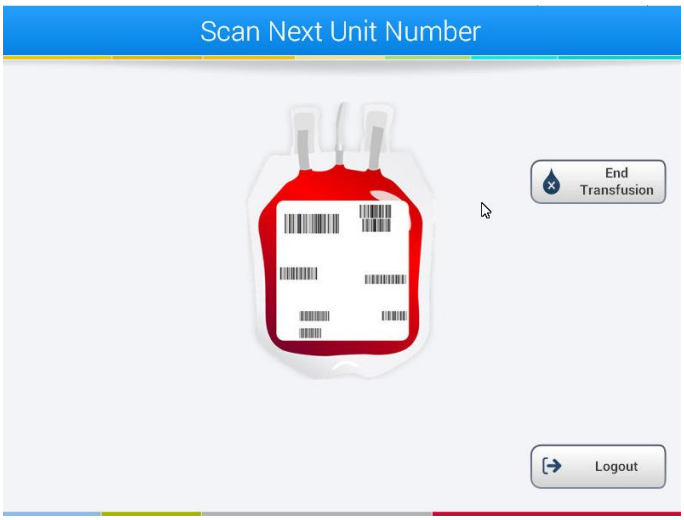


- Scan unit number

- Store the unit in the highlighted drawer – only one drawer will be unlocked.

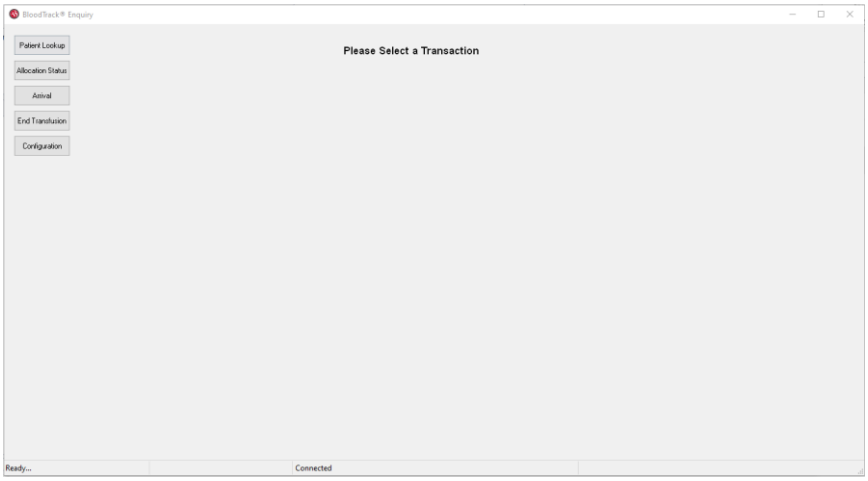
Ensure the door is fully closed (the light will go off).

You will then get the option to scan another unit in: Either follow the steps above, or if you have no further units ensure you Logout.

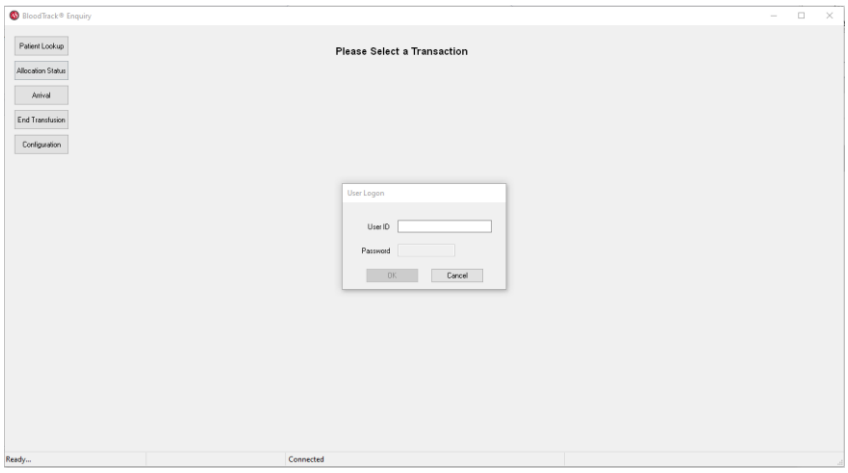


10. RECORDING THE TRANSFUSION

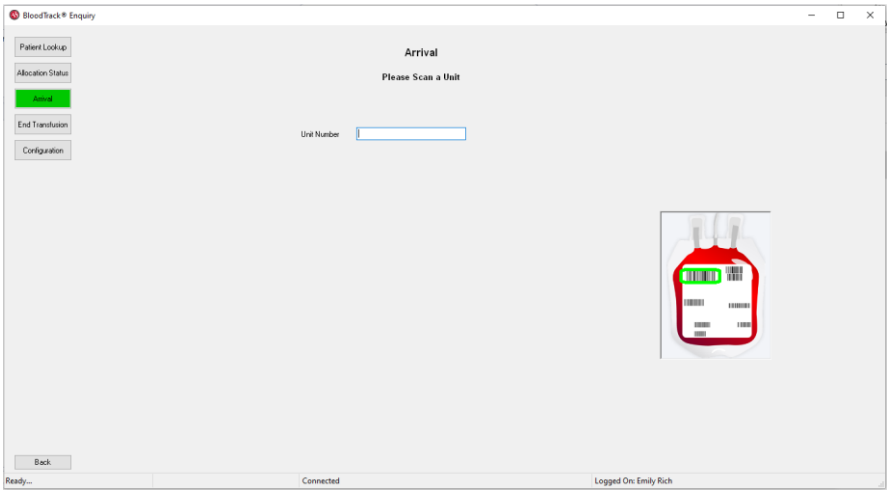
10.1 As the unit arrives in the clinical area confirm this via BloodTrack Enquiry.



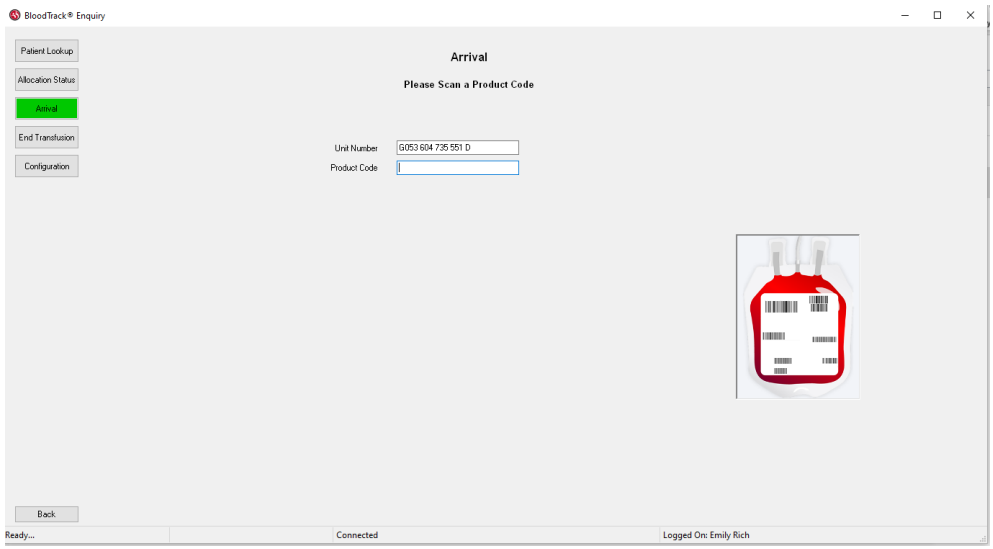
Select ‘Arrival’



Log in using your BloodTrack ID



Scan the unit number



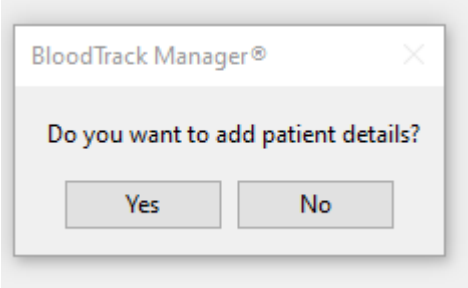
If you are asked for a product code scan the product code – this is the smaller barcode located under the unit number barcode:

Once the barcode has been accepted you should get a green 'Good' message which confirms the unit has been stored and transported safely and is safe to proceed to the pre-transfusion checks.

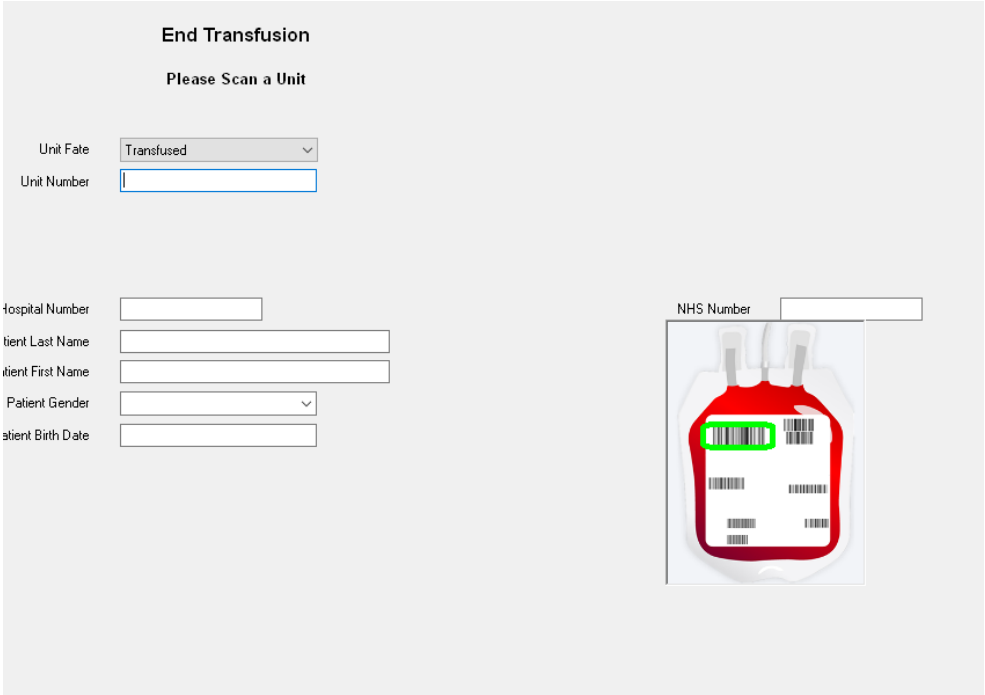
10.2 To confirm the unit has been transfused select 'End Transfusion'

Log in using your BloodTrack user ID.

You will be asked if you want to add patient details.

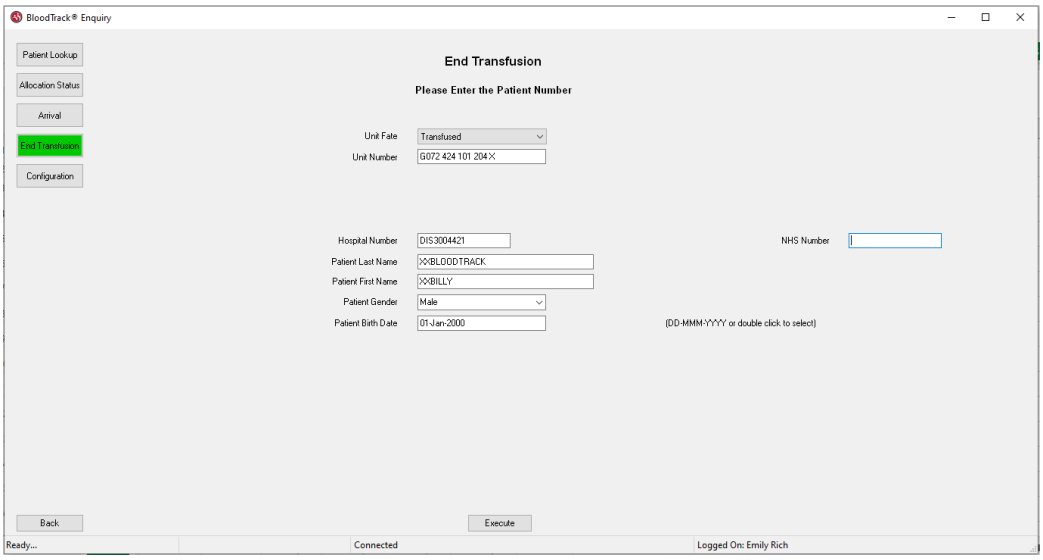


Click ‘Yes’ to add patient details.



You will then be asked to scan the unit number. This must be scanned from the unit/product box using a handheld scanner.

The patient details will then be auto populated based on the name of the patient the unit was issued to.



Press ‘Execute’ button located at the bottom of the screen.

Ensure the traceability tag has already been completed and returned to Blood Bank – via pod or internal post.

If you have given an emergency O unit that hasn’t been allocated to the patient you will need to complete the tag and return it to the laboratory. Please ensure you do this as soon as possible to enable the patient records to accurately reflect the products they have received.

11. TROUBLESHOOTING AND FAQS

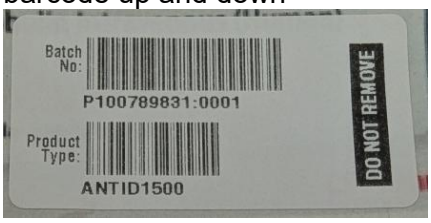
There are various error and warning messages on BloodTrack. Each should be read carefully and the instructions followed.

If you are unsure whether to proceed then always check with the Blood Transfusion Laboratory.

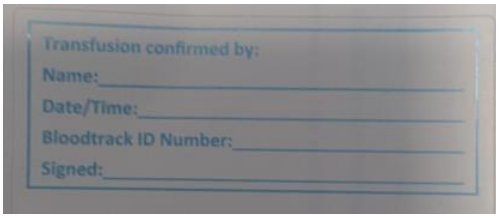
A Datix will be generated following any alerts that are not adhered to. But importantly this is a risk to patient safety.

BloodTrack Enquiry	Used to look up availability of blood, arrive units, and confirm transfusion.
Can BloodTrack Enquiry be installed on all PCs and tablets?	Unfortunately BloodTrack cannot be installed on tablets. The Transfusion Team need to be made aware of each installation request as the PCID and location will need linking to the system. Please limit the number of PCs you request the programme to be installed on – but ensure you have enough to transfuse safely.
How do I log into BloodTrack Enquiry?	You will need your badge number/POCT barcode number. You can either type this or scan it. You do not need a password. For HH staff, please note that some of the old POCT barcodes have a hidden 'check digit' at the end of the printed number so you may find it easier to use the scanner.
Will my barcode work across both sites?	Yes, your barcode will work at both PCH and HH blood fridges and PCs.
Can we have more scanners?	We are unable to supply more scanners, but they can be purchased through your own departments. They are not too expensive. We can provide the product information if required (email nwangliaft.transfusion@nhs.net)
Pickup Slips	Can be used to pick up blood and blood products from blood fridges. Please note: Blood products must still be ordered on ICE and prescribed prior to collection.
Who can generate a Pickup slip?	Registered Practitioners who have completed their BloodTrack training
When can a Pickup slip be generated?	Blood must be requested in the usual way first – request on ICE and send the request to the laboratory. A Pickup slip can be generated once the lab have assigned/crossmatched the unit.
Can you print Pick up slip for multiple patients at a time?	This is possible but be careful.

	You must ensure you check full patient ID on the blood prescription before accessing the patient unit availability screen. You must check the pickup slip against the patient ID band (and verbally if possible) prior to collecting the blood. **You must collect blood for only for 1 patient at a time.**
What do we do once we've used the Pickup slip?	Please dispose of it in the confidential waste, it does not need to be kept in the patient notes.
How long is the Pick up slip valid for when generated?	One day only. Once used please dispose of (confidential waste).
How will major haemorrhages work, will we have to scan all units individually?	Yes, but once you have taken one unit it will ask if you need more, so you won't need to go through the first few steps again. The MHP call remains the same – activate via Switchboard on 2222
Collecting units	You will need an active BloodTrack barcode to collect blood/blood products. Ensure you have completed the relevant competency and returned the paperwork to Nwangliaft.transfusion@nhs.net
Where will I collect my patients' blood/blood product from?	For most staff this will be from the main Issue Fridge (at PCH or HH). Some areas will have access to a local fridge. To identify if your blood is available in a particular fridge log in to Patient Lookup, from this screen you will be able to see if the blood is available, and where it can be collected from. Anyone collecting blood must have completed their training, and will need their barcode to open the storage location. This includes collection of emergency units. **Blood, FFP and anti-D** HH Issue HB80 – *Main fridge in HH Pathology – only HH fridge in use at the moment* HH Theatres HB20 – *Smaller fridge which will be moved to the new theatre block –* ***not yet live*** PCH Issue HB80 – *Main fridge in Blood Bank (core B, 4th floor) – used by the majority of PCH staff*

	PCH Theatres HB80 – *For theatre and maternity use. Will contain red cells and anti-D (500IU)* PCH Haem/Onc HB20 – *For use by Haematology and Oncology Day Unit and Ward.* PCH Antenatal HB20 – *Stocked with anti-D (1500IU), for use by antenatal clinic* PCH ED HB20 – *For ED use* – ***not yet live.*** **Platelets and Cryo** HH Platelet Incubator – *ask lab staff* PCH Platelet Incubator – *in Blood Bank* **Other batch products (albumin/PCC)** HH Issue Labcold – *the old issue fridge – in the small swipe access room* PCH Issue Labcold – *the old issue fridge (white)*
Which barcode do I need to scan?	In general follow the guidance on the screen and listen to audible instructions. For batch products you scan the top barcode (Batch No) TIP: you may find it easier to cover the lower barcode, and scan the barcode at a 45 degree angle or move the barcode up and down  When you're asked to scan the compatibility tag you need to scan the square 2D barcode at the top. 
My unit doesn't have a traceability tag attached.	This should not be a frequently encountered problem if the instructions on the screen are followed. **You must not take a unit/product away without a tag attached.**

	The BloodTrack system knows if a tag has been printed, and verified to be attached to the unit. If a unit/product has been delivered to the clinical area without a tag attached it must be returned to the laboratory immediately. The pre-transfusion patient ID and safety checks cannot be carried out without a tag.
I have taken a unit out of the fridge but I don't need it, what do I do?	Return it to a storage location as soon as possible. Use the 'Putting In' function. Providing you get the message 'good' you do not need to speak to the laboratory. This unit can then be collected up to its dereservation time. If the unit has been out of the fridge for more than 30 minutes you must still return it as soon as possible – scan it back into the storage location, and also contact the laboratory to inform them. The fridge will quarantine it to ensure it is not available for transfusion.
I have tried to put a unit in the fridge but there is already a unit in the tray allocated	Press 'tray is not empty' on the bottom left of the screen and you will be assigned a new tray. 
I have accidentally pressed the 'tray is not empty' or 'tray is empty' button 	Please inform Blood Bank as soon as possible.
I have marked a unit as 'Arrived' but we no longer need it, what do I do?	If the unit has not been spiked then return it to the blood fridge as soon as possible. Use the 'Putting In' function. Providing you get the message 'good' you do not need to speak to the laboratory. This unit can then be collected up to its de-reservation time. If the unit has been spiked and you no longer need it contact the laboratory.
Pre-transfusion checks	
What is the 'Arrive' function for?	The unit must be scanned on BloodTrack Enquiry as it is received in the clinical area. This can only be done by a registered practitioner who has completed their training. This has several functions.

	It records the time the unit arrived in the clinical area so we can demonstrate the blood is stored and transported safely. It records the location it has arrived in to enable monitoring of transfusion activity in the area. It confirms to the registered practitioner that it has not been out of temperature control for too long and is ok to move onto the pre-transfusion checks.
Can HCAs 'Arrive' blood units/anti-D?	No
Have the pre-transfusion checks changed?	No, these remain the same. You must ensure you: - Check the patient ID (name, date of birth, hospital/NHS number) on the unit matches the ID band, - Verbally check the patient ID with the patient if possible, - Check the patient ID matches the prescription, - Check the unit number on the tag matches the unit number on the bag/product, - Check the unit fulfils any special requirements your patient has (e.g. irradiated products), - Check the unit is in date, and visually looks ok (no discolouration, clots, leaks).
My scanner does not work	Please try basic troubleshooting first: - Restart Blood Track - Disconnect and re-connect the scanner - Try scanning at different depth/angle - Try covering lower barcode on batch products with your thumb when scanning so it does not catch - -IF all fails contact the Transfusion Practitioners or laboratory.
Traceability tag	This must be completed and returned to the laboratory – via pod or internal post.
When do I complete the tag?	You still complete the tag at the **start** of the transfusion.  The new tags require a registered practitioner to confirm the unit has been transfused – this doesn't have to be the person administering the transfusion. Complete all details. BloodTrack ID number is your BloodTrack fridge user number – this will be your badge number or POCT barcode number

Fating units (End Transfusion)	This must be done upon completion of transfusion. This will document that the unit has been transfused, where it has been transfused, and that it has been transfused in a safe timeframe.
Can HCAs fate blood units/anti-D?	No
When fating units can this be done retrospectively if forgotten?	Please fate the units as soon as possible to demonstrate the unit has been given within a safe timeframe. The laboratory and Transfusion Team will be monitoring use of the system. You will need the physical unit to scan to confirm completed transfusion (main unit number barcode/long barcode on batch product sticker).
Access	
What happens if we've done our training but our badge/barcode doesn't work?	If you need to collect blood urgently speak to the laboratory and they will help. They will ask you to sign for the units and we will investigate retrospectively. If you collect without the relevant training and competency assessment then a Datix will be raised. The Blood Safety and Quality Regulations 2005 state that blood must only be collected by someone with valid training and competency assessment.
New badges	
What happens if I get a new ID badge?	PCH – You must let us know if you change your ID badge, as we will need to add your new badge number to the system. HH – If you get a new badge at HH you don't need to contact us, but will need to request a replacement POCT barcode from the POCT team
Downtime	If there is any IT failure/downtime the BCP procedures will be used (manually signing blood out on tracking paperwork).
Are the old fridges staying in the Blood Bank? If the system went down and we reverted to the 'old way' would we still collect the products from where they are now?	During downtime transfusion may be limited to urgent/emergency cases only. Units will have tags attached and need to be signed out manually. If you are not sure please speak to Blood Bank.
Frequently encountered errors/problems	
User not scanning a unit out	You MUST follow all prompts to scan units out. When you remove a unit from a drawer you must ensure you scan the unit/product barcode and that the Kiosk gives you a

	‘good’ message. Never take a unit away unless you have seen this message. When taking products out of the batch fridges you must ensure you check the products against the documents you have with you, and scan each product out individually, again waiting for the ‘good’ message. **Do not take the units away until the kiosk has confirmed all is ‘good’.**
Barcodes not working	PCH staff Sometimes the printed number on your card does not match the number coded into your barcode. Get in touch with the TPs and we can help adjust on the system. HH staff Some older POCT barcodes have a hidden check digit encoded. You will need to scan your barcode, or identify what your check digit is if you are manually typing it into a PC.
BloodTrack Enquiry not available in the clinical area	As PCs are upgraded the BloodTrack Enquiry is often removed. Please contact the TPs to arrange to get this re-installed.

APPENDIX A: PHARMACY QUALITY ASSURANCE CHECKLIST

Pharmacy Quality Assurance Checklist for all Medicine-Related Clinical Policies, Procedures and Guidelines

This form must be completed by the appropriate designated pharmacist for all policies, procedures and guidelines relating to medicines prior to being submitted to the Drugs and Therapeutics Committee.

Title of Document:			**Central Index Number:**
1.	**Document particulars:**	**Yes / No / N/A**	**Comments (as necessary)**
	Is the document written in clear, unambiguous language?		
	Does the document also apply for Hinchingbrooke Hospital/ Peterborough City Hospital/ Stamford Hospital?		
	If the answer to the above question is YES, has the relevant pharmacist at the cross site location been contacted for their input? **(Please indicate name of person contacted in comments)**		
2.	**Evidence Based**		
	Are the product(s) on the Formulary? If non-formulary then please submit Formulary request/Business case.		
	Have indications been clearly reviewed?		
	Are the medicines, hospital supply only?		
	Have doses of medication been clearly reviewed?		
	Are definitions in the document clearly explained?		
	Are roles and responsibilities in the document clearly explained?		
	Are the products listed in the document licensed, unlicensed or off license? If unlicensed then please complete unlicensed form.		
	Are there any Patient Safety Alerts/MHRA Alerts/NICE guidance associated with the document?		
	Is there any specific ordering or storage requirements with the product(s) in the document?		
	Are there any cost implications with the product(s) in the document?		
	Is there any supporting evidence to support the document? **(References should be checked and updated)**		
	Are there measurable standards to support the monitoring of compliance? **(Audit table applicable to policies only)**		
3.	**Pharmacist Compliance Approval:**		
	Name:		
	Signature:		
	Role:		
	Date:		

Please return completed form to the Pharmacy Medicines Governance Team.

Pharmacy Medicines Governance – updated December 2022

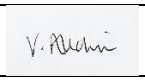
APPENDIX B: QUALITY ASSURANCE CHECKLIST

CORPORATE GOVERNANCE COMPLIANCE OFFICER'S USE ONLY

		Y/N/ n/a	COMMENTS (to author for amendments)
1	**Title of document**		
	Is the title clear and unambiguous	Y	
2	**Type of document (e.g. procedure, guidance)**		
	Is it clear whether the document is a procedure, guideline, SOP?	Y	
3	**Introduction**		
	Are reasons for the development of the document clearly stated?	Y	
4	**Content**		
	Are all sections of the front cover completed correctly?	Y	
	Is the document in the correct Trust approved format?	Y	
	• Paragraphs numbered consecutively	Y	
	• Headers: only on front page to contain logo	Y	
	• Footers: on every page except front page	Y	
	Has the Author's Checklist been fully updated?	Y	
	Are the Version numbers correct in the title, summary and the footers?	Y	
	Has the Version Control Summary been fully updated with changes?	Y	
	Has the Document Contributors section been completed?	Y	
	Are the objectives/aims clearly stated?	Y	
	Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has a Summary Privacy Impact Assessment been completed?	N/A	
5	**Evidence Base**		
	Is the type of evidence to support the document explicitly identified?	Y	
	Are associated documents referenced?	Y	
6	**Approval Route**		
	Has email approval been received for change of review date only?	N/A	
	Does the document identify which committee/group will approve it?	Y	
	Does the document meet the criteria for Second Level approval or Information Only?	Y	For approval

If answers to any of the above questions is 'no', then this document is not ready for approval, it needs further review.

It is vitally important that documents are forwarded to the Corporate Governance Team after every amendment and approval meeting to ensure the most up-to-date version is held by the team at all times.

COMPLIANCE TEAM:		
1.	Date Comments returned to author by Compliance Lead	
2.	Date of Compliance Team approval	14.10.2025
3.	Name of Compliance Lead	Viv Allchin 

Please do not delete any of the below approval sections.
If certain sections are not applicable to the document's journey please enter 'N/A'

SPECIALTY APPROVAL MEETING: Pathology Specialty Meeting			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	FISS Triumvirate	**Date**	15/05/2025
Signature			

CBU APPROVAL MEETING: Hospital Transfusion Committee			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Dr Lynda Menadue	**Date**	26/02/2026
Signature			

ADDITIONAL APPROVAL MEETINGS: Complete all that apply			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Select Meeting.		Select Meeting.	
Chair's Name		**Chair's Name**	
Date	Enter date	**Date**	Enter date
Signature		**Signature**	
Select Meeting.		Select Meeting.	
Chair's Name		**Chair's Name**	
Date	Enter date	**Date**	Enter date
Signature		**Signature**	

FIRST-LEVEL APPROVAL: FISS Divisional Leadership Board			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Dr. Tim Jones	**Date**	25/06/2025
Signature			

Please confirm if document requires Second-Level **approval** or it is to be submitted for **information only**. Please see section 6.4 of the Trust's Document Control Policy.	✓ **APPROVAL** ☐ **INFORMATION ONLY**

SECOND-LEVEL APPROVAL: Quality Governance Oversight Committee			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Aber Eaqub	**Date**	14/08/2025
Signature