

DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
Washington DC 20350-2000
and
Headquarters
U.S. MARINE CORPS
Washington DC 20380-0001

OPNAVINST 6530.4A
BUMED-273
CMC-MED
14 October 1994

OPNAV INSTRUCTION 6530.4A

From: Chief of Naval Operations
Commandant of the Marine Corps
To: All Ships and Stations
Subj: DEPARTMENT OF THE NAVY BLOOD
PROGRAM

- Ref:**
- (a) DoD Directive 6480.5 of 16 Jun 72 (NOTAL)
 - (b) Military Blood Program (DoD Master Blood Plan) 2004 of 1984 (NOTAL)
 - (c) DoD Instruction 6480.4 of 19 Mar 82 (NOTAL)
 - (d) OPNAVINST 6700.2, Chapter 3
 - (e) OPNAVINST 6530.2C
 - (f) Code of Federal Regulations (CFR), Food and Drugs, Title 21, parts 200 to 299 (NOTAL)
 - (g) CFR, Food and Drugs, Title 21, parts 600 to 799 (NOTAL)
 - (h) NAVMED P-5101, Technical Manual of the American Association of Blood Banks (NOTAL)
 - (i) NAVMED P-5120, Standards for Blood Bank and Transfusion Services of the American Association of Blood Banks (NOTAL)
 - (j) NAVMED P-5123, Operational Procedures for Military Blood Donor Centers and Armed Services Whole Blood Processing Laboratories (NOTAL)
 - (k) BUMEDINST 4812.1 (NOTAL)
 - (l) BUMEDINST 7050.1 (NOTAL)
 - (m) NAVMEDCOMINST 6320.16 (NOTAL)
 - (n) DoD 4500.32-R, Vol 1, Chapter 7 (NOTAL)
 - (o) NAVSUP 54054 (NOTAL)
 - (p) NAVSUPINST C4080.29 (NOTAL)
 - (q) USEUCOM 67-4 (NOTAL)
 - (r) USCINCPACINST 6530.2 (NOTAL)
 - (s) USCINCLANTINST 6530.2 (NOTAL)

- (t) OPNAVINST 3710.7P (NOTAL)
- (u) NAVMED P-5020, Resource Management Handbook (NOTAL)

- Encl:**
- (1) General Policies and Procedures for Support and Operation of the Navy Blood Program
 - (2) Continental United States (CONUS) Area Blood Systems
 - (3) Outside the Continental United States (OCONUS) Area Blood Systems
 - (4) Navy Blood Program Branch
 - (5) Component Command Blood Program
 - (6) Area Blood System Inspection, Technical Assistance Procedures, and Annual Food and Drug Administration Inspections
 - (7) Type Commanders (TYCOMs); Commanding Officers Afloat; and Commanding Officers, Medical Treatment Facility, USNS COMFORT and USNS MERCY
 - (8) Navy Frozen Blood Program Technical Assist Visit (TAV) Check Sheet for Amphibious Assault Ship (General Purpose), LHA; Amphibious Assault Ship (Multi-Purpose), LHD; and Auxiliary Hospital Ship, T-AH
 - (9) Navy Blood Program Donor Unit Number Blocks and FDA Registration Numbers
 - (10) Navy Blood Program Abbreviations or Definitions

1. Purpose. To provide organizational and operational policies, provide procedural guidance, and fully implement the Navy's Blood Program as required by reference (a). This instruction is a complete revision and should be read in its entirety.

2. Cancellation. OPNAVINST 6530.4.

3. Scope. Applies to all Navy and Marine Corps activities where blood (liquid or frozen) and its



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components are collected, processed, stored, shipped, or transfused.

4. Background. References (a) through (d) describe the Armed Services Blood Program (ASBP) and provide general guidance for the operation and interface of the blood program of the three uniformed services. The Secretary of the Navy is tasked with responsibility for the operation of departmental and command blood programs that ensure proper use of blood resources and enable the Navy and Marine Corps to meet mobilization and contingency requirements for blood and blood products. Management responsibility for the Navy Blood Program has been delegated to the Chief, Bureau of Medicine and Surgery (BUMED), who also serves as liaison agent with the Armed Services Blood Program Office (ASBPO), the other service blood programs, and the civilian blood banking community. BUMED's Navy Blood Program Branch, (MED-273), serves as the agent for coordination and management of all Navy Blood Program matters.

5. Donor Support. Donor support for the Navy Blood Program is addressed in reference (e). Installation commanders will, through appointed installation blood program coordinators, oversee all blood collections (military donor center operations and civilian blood agencies) on their installations or activities.

6. Organization. The Navy Blood Program is a centrally managed system, coordinated to the field execution level via a regionalized organization. References (a) through (u) and enclosures (1) through (10) contain policies, procedures, and information for support and operation of the Navy Blood Program.

a. Continental United States (CONUS) health care facilities with blood donor centers or transfusion services are assigned geographically into four area blood systems. Enclosure (2) identifies area blood systems, area blood system directors, area components, and delineates specific command responsibilities.

b. Outside the continental United States (OCONUS) health care facilities with blood donor centers or transfusion services fall under a component command blood program and are assigned geographically to area blood systems established by the unified command's joint blood program office. Enclosure (3) identifies these blood donor centers or transfusion

services and delineates specific command responsibilities in regard to the peacetime Navy Blood Program.

7. Responsibilities

a. Chief, BUMED. Establishes policy, holds the Navy's Food and Drug Administration (FDA) establishment license, and manages the collection, production, distribution, use, and disposition of all blood products for transfusion within the Department of the Navy. Serves as liaison agent with ASBPO, the other service blood programs, and the civilian blood banking community.

b. Head Navy Blood Program Branch (MED-273). Serves as the Navy Blood Program manager with responsibilities identified in enclosure (4).

8. Action

a. Component Commands. Establish a component command blood program in support of the unified commands' joint blood program and oversee all fleet blood bank or donor center operations OCONUS and aboard ships outlined in enclosures (3), (5), and (7).

b. Type Commanders. Establish a command blood program per reference (e), and coordinate all blood program elements in enclosure (7).

c. Afloat Commanding Officers (Excluding LHA, LHD, and T-AH). Establish a command blood program per reference (e), and comply with the applicable paragraphs in enclosure (7).

d. Afloat Command Officers (LHA, LHD, and T-AH). Establish a command blood program per reference (e), and comply with the applicable paragraphs in enclosure (7).

e. Shore Commands (Navy and Marine Corps). Establish a command blood program per reference (e), and comply with enclosures (1) through (3), (5), and (6) as they apply.

f. Area Blood System Directors. Serve as the area's blood system directors and coordinators with responsibilities per enclosures (2) and (6).

g. CONUS and OCONUS Blood Donor Centers and Transfusion Services. Comply with the

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requirements in enclosure (6) and enclosures (2) and (3), respectively.

9. Report. Per SECNAVINST 5214.2B, the ASBP Blood Bank Operational Report required by enclosures (1) through (3) is assigned report control number DD-HA(Q)1831(6530), and is approved by the Chief of Naval Operations for 3 years only from the date of this instruction.

10. Forms

a. DD 2555 (1-90), ASBP Blood Bank Operational Report, and FDA 2609 (6-80) Blood Bank Inspection Checklist and Report, are available from BUMED (MED-273).

b. DD 572 (2-93), Blood Donation Record, S/N 0102-LF-015- 9800, is available from the Navy Supply System and may be requisitioned per NAVSUP P-2002D.

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GENERAL POLICIES AND PROCEDURES
FOR
SUPPORT AND OPERATION OF THE NAVY BLOOD PROGRAM

1. Command Blood Program. Each Navy and Marine Corps command must establish an active peacetime command blood program. Command blood programs, using reference (e), must coordinate with the Navy or military blood donor center in their area to support routine peacetime, contingency, and mobilization blood requirements. Commands allowing civilian blood collection agencies access to personnel (military and civilian) must establish a memorandum of understanding (MOU), ensuring the nearest military medical treatment facility is included in the negotiation process and receives credits generated by the MOU. Paragraph 5e of this enclosure provides further information concerning MOUs.

2. Blood Banks. Navy blood banks must register with the Food and Drug Administration (FDA) as required by reference (g). Forms are available from BUMED (MED-273). Guidance, unless otherwise directed, must comply with references (h) and (i).

3. Blood Donor Centers

a. Navy blood donor centers (CONUS and OCONUS) must be licensed with the FDA per reference (g), and as specifically outlined in enclosures (2) and (3). Application forms are available from BUMED (MED-273).

b. Reference (j) prescribes operational procedures for military blood donor centers and must be used in concert with references (f) through (i).

c. The following naval medical facilities must operate peacetime blood donor centers in conjunction with their existing blood banks:

| | |
|----------------------------|--------------------------|
| NATNAVMEDCEN Bethesda, MD | NAVHOSP Naples |
| NAVHOSP Beaufort, SC | NAVHOSP Okinawa |
| NAVHOSP Bremerton, WA | NAVHOSP Pensacola, FL |
| NAVHOSP Camp Lejeune, NC | NAVHOSP Roosevelt Roads |
| NAVHOSP Camp Pendleton, CA | NAVHOSP Rota |
| NAVHOSP Charleston, SC | NAVHOSP Sigonella |
| NAVHOSP Guam | NAVHOSP Yokosuka |
| NAVHOSP Great Lakes, IL | NAVMEDCEN Oakland, CA |
| NAVHOSP Groton, CT | NAVMEDCEN Portsmouth, VA |
| NAVHOSP Jacksonville, FL | NAVMEDCEN San Diego, CA |

d. Operations and capabilities of the blood donor centers may not be terminated or reduced in scope without prior approval of Chief, BUMED.

Enclosure (1)

4. Blood Donor Center Mobilization and Emergency Response.
Requirements are outlined in reference (k).

5. Procurement. Blood products, and their uses, are of such a nature which preclude strict regulations concerning their procurement. So, guidance given here must necessarily be described in general terms. BUMED's policy is that the procurement methods for routine Navy day-to-day blood product support will be those which offer the greatest advantage to the Government under local circumstances. Emergent blood procurement source priorities and restrictions cannot be dictated. Unless a patient's welfare is endangered by doing so, procurement sources should be consistently used in the following descending priority.

a. Local Volunteer Military Donors. Reference (e) provides policy and guidance. During peacetime the military donor pool categories are: Active duty and their dependents; retirees and their dependents; 2-week Reserves on active duty; and Federal and Department of Defense (DoD) civilian employees. Collections must occur aboard military installations, Federal and DoD leased facilities, and naval ships. Requirements for blood products are ordinarily met through the volunteer military pool. Navy and Marine Corps commands with large donor populations must ensure that established programs are sufficiently flexible to enable support of other military medical facilities with inadequate donor resources. Commanding officers of naval medical treatment facilities must establish and maintain blood procurement programs designed to meet both routine and emergency requirements to the maximum extent possible. Federal or DoD civilian employees who donate blood or apheresis products to the Navy Blood Program must have access to the accrued credits for at least 2 years after donation.

b. Navy Blood Program--CONUS. Additional blood product support may be obtained through the redistribution of Navy blood product inventories as outlined in enclosure (2).

c. Navy Blood Program--OCONUS. Additional blood product support may be obtained through the redistribution of unified command blood product inventories as outlined in enclosure (3). Interservice blood support agreements are not required for OCONUS naval medical treatment facilities.

d. Interservice Support. CONUS medical facilities located near Army or Air Force blood processing facilities are encouraged to negotiate formal local interservice support agreements. When primary blood product support is rendered by another service, Navy and Marine Corps donor populations will be made available to the supporting facility per reference (e). Send copies of such agreements to BUMED (MED-311) per reference (1).

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e. Civilian Blood Banking Agencies. Navy and Marine Corps policy is for line commands and medical treatment facilities to establish an MOU with local civilian blood banks or blood collection agencies for blood products when no other sources exist within DoD which can be realistically applied to the task. Requests for authority to establish an MOU, and for continuation of existing MOUs, must be coordinated through BUMED (MED-311) via the local military blood donor center. Submit copies of draft MOUs to BUMED (MED-311) for approval before execution per reference (1). Routine blood product support of civilian blood agencies is not a proper function for naval medical facilities.

(1) To reduce the number of MOUs in a geographical area, line commands should allow the local military medical treatment facility to write an all inclusive MOU, identifying each command participating in the MOU.

(2) Since the Government expends resources (loss of work-hours, and utility and facility maintenance costs) when civilian blood agencies collect blood in Government facilities or on ships, MOUs must include the Government earning credits which can be exchanged for blood and blood products.

(a) MOUs must be businesslike and reciprocal, must not be used as a substitute for proper blood bank management practices, and for the protection of both parties, must not involve accumulation of high exchange account balances (neither credit or debit).

(b) Total credits or debits must not exceed 2,000. MOUs may be written whereas unused credits may be zeroed if not used within a specified time period. To assist line and medical commands in reducing health care costs, the credit system must be made known to blood donors and made available to prospective transfusions candidates using Civilian Health and Medical Program of the Uniformed Services (CHAMPUS).

(c) MOUs must not provide for: Bartering of unexpired Navy blood resources or credits for "dollar credit"; bartering for supplies, equipment, or services; procurement of donor recruitment items or donor incentives; obtaining education or training. Credits must be used for obtaining blood products to include apheresis products, commercial coagulation factors, and immune globulins.

(3) Active duty military or civilian employees of DoD may sit on the board of directors of a civilian blood agency provided:

(a) It is understood that they do so in their capacity as a member of the community, not as a representative of the Government.

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(b) The individuals comply with standards of conduct guidelines. At no time shall the individuals use their position to influence or to force either the civilian blood agency or military into a decision or position to the detriment of the other party. When discussing or voting on any matter pertaining to DoD, the individuals must excuse himself or herself.

f. When blood and blood products are required in scientific and research projects, the priorities and sources in subparagraphs 5a through 5d of this enclosure apply.

6. Donor Nourishment During Navy Blood Donor Center Operations. The provision of nourishment for blood donors is outlined in paragraph 6 of reference (e) and paragraph 23104 of reference (u).

7. Management of Blood and Blood Products

a. Inventory Control. Blood banks must establish a method of inventory control for blood and blood products which will allow for maximum coverage with minimum outdating. Product stocking levels must be established for ABO-Rh groups and types, made part of the standard operating procedures manual, and posted for quick access and review.

b. Outdating and Loss Control. Blood banks must establish procedures that ensure minimum outdating or loss of blood and blood products. Experience in military and civilian blood banks has demonstrated that an outdating rate of 5 percent, or less, is achievable through proper management techniques. Special circumstances such as facility size or geographical location may impact on outdating. The following steps should be taken to assist in reducing the outdate rate:

(1) Avoid random blood collections. Close coordination must be maintained with command blood programs providing donors to ensure that specific numbers, groups, and types are provided on request.

(2) Establish inventory levels based on historical requirements.

(3) Establish maximum time periods for holding crossmatched blood. In general, 24 to 48 hours is considered acceptable.

(4) Establish a transfusion review committee to review transfusion practices in the medical treatment facility.

(5) Develop and implement a maximum surgical blood order schedule (MSBOS) as a preoperative crossmatching management tool. Properly implemented, monitored, and updated quarterly, the MSBOS

should reduce crossmatching costs, and, through increased use, reduce red blood cell inventory requirements and thereby reduce product outdating.

(6) In concert with the MSBOS, adopt a "type and screen" concept as a substitute for the "type and crossmatch."

(7) Transfer blood and blood products nearing their expiration dates to other military medical treatment facilities, Federal medical facilities, or civilian blood agencies through the MOU. Efforts must first be made to transfer the blood through the Navy Blood Program.

8. Transfusion Policy. When contemplating hemotherapy, the dangers of transmission of disease and other undesirable side effects of transfusion must be weighed. Every consideration must be given to alternative methods of treatment. Before the transfusion of homologous blood products, the patient must be briefed on the dangers identified above and on alternative transfusion methods (autologous, intraoperative, etc.). An informed consent form must be specifically designed for the transfusion of blood and blood products (homologous and autologous). Further guidance is outlined in references (h), (i), and (m).

9. Use of Expired Blood and Blood Products. Despite conscientious efforts to avoid expiration, Navy blood banks and blood donor centers will accumulate varying amounts of expired blood and blood products. Within-hospital use, research, and recovered expired blood products and plasma exchange agreements are the three programs recommended to achieve maximum use of expired blood and blood products.

a. Within-Hospital Use or Research Use. Each naval medical facility has recurring needs for blood and blood products which can be filled by use of expired products. Examples of within-hospital use are training programs, reagent manufacturer, and quality control. Uses also include research and scientific activities.

b. Recovered Expired Blood Products or Plasma Exchange Agreements

(1) Depending upon the volume of expired blood products or recovered plasma, and where economically feasible, CONUS blood donor centers will enter into agreements for the sale of unusable blood products. All plasma exchange agreements must be signed by a warranted contracting officer. Revenue generated by such agreements will be deposited into the general fund of the United States Treasury. It is not economically feasible for OCONUS facilities to establish agreements for sale of expired blood products.

(2) Since the FDA strictly controls expired products, the products must test negative for all FDA and American Association of Blood Banks (AABB) required tests and be correctly labeled according to FDA regulations. A letter must be obtained from the exchange vendor stating the products will be used solely for the manufacture of non-injectable products.

10. Testing of Donor Units. All donor units will undergo complete testing for tests required by the FDA and the AABB. Autologous donor units must be screened for all tests used to screen homologous donor units.

11. Tracking Blood and Blood Products. All commands (ashore and afloat) that collect, store, ship, or transfuse blood and blood products must develop a system to track each unit of blood and blood product. The system developed must specifically identify the donor making the donation, or the patient receiving the product, or the shipping location, or the reason for destruction.

12. Look Back Program. Each transfusion service and blood donor center, including Navy ships with the capability to collect or transfuse blood and blood products, must maintain all records permanently. These records are used to support the present Human Immunodeficiency Virus, Types 1 and 2 (HIV-1/2) Look Back Program as well as other future look back programs.

a. Maintain records in a manner which provides physical and environmental protection. Records (except for ships) must be placed on a permanent storage medium (e.g., microfilm reel or microfiche, CD ROM, floppy disk) with a working duplicate of each cassette, sheet, or disk.

b. Before being placed on the storage medium, records must be organized to allow for easy review and identification of specific records.

c. Blood donor cards (DD 572) must be maintained in such a manner to allow for quick access by ascending donor number order and alphabetical order of donors' names.

13. Blood Donor Numbers. ASBPO has issued a specific set of numbers to be used by the Navy Blood Program. This system allows for service wide recognition of the blood donor center collecting the unit of blood. Enclosure (9) lists the block of numbers assigned to each Navy blood donor center along with their FDA facility registration number.

14. Blood Bank Operational Report. Each blood bank (CONUS and OCONUS), with or without a blood donor center, must submit a computerized (5 1/4 floppy disk) quarterly ASBP Blood Bank Operational Report, DD 2555, to BUMED (MED-273) by the 21st

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working day after the end of the quarter. Quarterly submissions are based on the calendar year. Facilities experiencing a computer problem may submit a written report.

a. For CONUS facilities, forward a printed information hard copy to the director of their respective area blood system.

b. For OCONUS facilities, forward an information hard copy to the respective component command blood program, the unified command joint blood program office, and the area joint blood program office.

CONTINENTAL UNITED STATES (CONUS) AREA BLOOD SYSTEMS

1. General. CONUS Navy medical treatment facilities with blood banks or blood donor centers are assigned geographically into four regional area blood systems. The structure of these area blood systems is based on blood donor availability, blood product demand, and shipping distance factors. Each area blood system has a director, and is comprised of area components and area subcomponents.

2. Objectives

a. Enhance the Navy Blood Program readiness through the rotational distribution of the Navy's weekly blood component shipping commitment to the Armed Services Whole Blood Processing Laboratory (ASWBPL).

b. Ensure the availability of an adequate supply of high quality blood and blood products during peacetime, and periods of contingency and mobilization.

c. Increase the quality of blood banking practices through compliance with FDA rules, regulations, and current good manufacturing practices, and the AABB standards.

d. Assess and plan for implementation of advances in blood and blood component therapy (e.g., frozen blood and platelets) and evaluate appropriateness of local use with respect to contingency planning.

e. Ensure compatibility with any future plans for a regionalized triservice blood program.

f. Improve blood resource management practices.

g. Exchange information on availability of excess blood bank equipment.

h. Enhance relationships with the civilian blood banking community.

3. Director, Area Blood System. The commanding officer of the naval hospital designated as coordinator of an area blood system automatically serves as director. The director must designate a medical technologist, naval officer billet code (NOBC) 0866, as an assistant to the director to perform the daily duties of the director. The assistant must be given authority to deal directly with BUMED (MED-273) on blood program issues. Duties of the director, area blood system are:

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a. Serves as executive agent for coordinating and managing all Navy blood banking matters for the assigned area blood system, both ashore and CONUS homeported ships.

b. Serves as a technical advisor and consultant to the type commanders (TYCOMs) and the Commander, Military Sealift Command (COMSC) on the blood program (liquid and frozen). Per enclosure (7), conducts annual and predeployment technical assistance visits on ships with frozen blood (LHAs, LHDs, and T-AHs) and upon request, on ships with liquid blood capability.

c. Coordinates the area blood system's blood shipments within the Navy blood system, to an ASWBPL or to other receivers as directed by BUMED (MED-273).

d. Ensures a system is in place for the efficient use of area blood system resources.

(1) Directs blood product shipments between blood banks within the area blood system.

(2) Determines quantities of blood products considered excess to area blood system requirements, informs BUMED (MED-273), and directs blood product transfer to other Navy area blood systems, Federal facilities, or local civilian blood banks, as directed.

(3) Refers to BUMED (MED-273), for appropriate action, all requirements that cannot be met within an area blood system.

(4) Per enclosure (7), supports peacetime deployment requests for liquid blood.

e. Upon notification by COMSC or TYCOMs, coordinates relocation of shipboard frozen blood assets during ship overhaul periods or upon unanticipated loss of freezer capability. Assets should be distributed within the specific area blood system. If the area blood system cannot absorb the assets, notify BUMED (MED-273) for assistance. Costs associated with relocation (removal and return) must be borne by the ship. Cryogenic vials must remain at the primary repository if the blood is to be returned to the ship.

f. Ensures all requirements for cryoprecipitate, fresh frozen plasma, and frozen blood stockpiles directed within this instruction are met.

g. Visits each area blood system blood bank annually (local funding) per enclosure (6).

h. Receives copies, reviews and takes appropriate corrective managerial actions on the quarterly ASBP Blood Bank Operational Report, DD 2555, from all area blood banks.

i. In concert with the public affairs officers, performs public information functions for the area blood system. Acts as BUMED representative in dealings with local community blood banks.

j. Works with local nonmedical military authorities to ensure all requests from civilian blood agencies to conduct blood drives on military installations are coordinated per reference (e).

4. All Blood Banks. Unless otherwise directed, must:

a. Comply with mission and functions requirements in appropriate 5450 instructions.

b. Establish and maintain donor recruiting programs with local military commands. Ensure flight personnel meet donation criteria per reference (t).

c. Maintain a blood procurement program designed to meet both routine and emergency blood product requirements to the fullest extent possible. This program must also be capable of providing short-notice supplemental support to other Navy inter- or intra-area blood bank system facilities. Use the area blood system as a source of blood if unable to meet local requirements. Use civilian blood agencies only as an emergency or secondary source of support.

d. Maintain a blood inventory control system capable of providing data required by the area blood system director for the effective use of area blood resources.

e. Following the director's guidance, advise the area blood system director of predicted blood product excesses or shortages. Make arrangements for intra- or inter-area shipments of excess blood products to Navy or other Federal and civilian activities as directed. Until a separate transportation account code (TAC) is provided for blood shipments, the Naval Supply Systems Command has indicated BUMED activities may charge Air Mobility Command (AMC) and commercial shipping costs to Navy Management Fund (NMF) 17X3980.2379 022 74001 0 063408 2D 000 N66298003. When a Government bill of lading (GBL) is used, the TAC NMF-?-N662 may be employed (insert the last digit of the fiscal year in the question mark space) per references (n) and (o). Billing is to be made to Naval Material Transportation Office, Bldg. Z-133-5, Norfolk, VA 23511-6691.

f. As directed, collect, process, and ship quantities of blood products to an ASWBPL. As directed, collect, process, and ship quantities of blood to other Navy facilities for freezing in support of Navy shipboard and depot frozen blood program.

g. Per enclosure (7), supports peacetime deployment requests for liquid blood.

h. Establish tight management controls on blood credits earned by MOU or other agreements. In no instances will credit or debit balances exceed 2,000 credit or debt units (MOU or agreements may be written whereas unused credits may be zeroed if not used within a specified timeframe). These credits must be made known to blood donors and made available to prospective transfusion candidates using CHAMPUS.

i. Forward all MOUs between the blood bank and civilian blood collection agencies to BUMED (MED-311) for approval before implementation.

j. When directed, possess the capability of freezing, processing, storing, shipping, and deglycerolizing frozen blood in support of the Navy's frozen blood program. Assigned storage quotas will be 85 percent/15 percent group O positive to group O negative. Quotas will be above those units carried as autologous, directed, rare, or training.

k. Ensure appropriate donor center training, outlined in reference (k), is provided for command personnel having blood donor center requirements to external or internal donor center contingency operations. Ensure personnel (officers (0866) and technicians (8501s/8506s)) with assignments to Medical Augmentation Program (MAP) platforms that carry frozen blood (fleet hospitals, LHAs, LHDs, and T-AHs) receive annual training in frozen blood deglycerolization techniques. Personnel must receive training either inhouse, if frozen blood technology is available, or must be sent temporary additional duty (TAD) to the nearest facility with the technology. Training must include, at minimum, the deglycerolization of at least two training units. Annual training must be documented in members mobilization file.

l. At the request of the director, area blood system, assist in the establishment of a program which will administer the Navy Blood Program (liquid and frozen) aboard naval vessels homeported in their area.

m. Establish and maintain a Look Back Program as directed by BUMED. Unless granted a specific waiver, permanently retain all blood donor records, component preparation records, and transfusion records on a storage medium (e.g., microfilm,

microfiche, CD ROM, or floppy disk). Commands, who at one time maintained a peacetime blood donor center operation, must ensure steps are taken to meet this look back and storage medium requirement.

n. Maintain blood donor center prepositioned war reserve materiel stocks (PWRMS), per references (k) and (p). Incorporate all PWRMS items into the daily peacetime routine of the blood donor center operations.

o. Use standard blood bank forms and blood products labels as directed by BUMED (MED-273).

p. Prepare FDA error reports on all errors. The following applies to all facilities (registered and licensed):

(1) Errors discovered before a product is placed into inventory are to be treated as internal errors. Document the error, take corrective action, document the action, and file in the facility's FDA error report file. The FDA inspector will ask for this file during the annual inspection.

(2) For information obtained after donation, post donation reports (uses same accident/error report) are required if the product was made available for distribution and if:

(a) The donor should have been deferred had the information been known at the time of donation and the product quality may be affected.

(b) The medical evaluation otherwise suggests that product quality may be affected.

(c) The information is insufficient to conclude that product quality is not compromised.

(3) Errors discovered after a product is placed into inventory or is transfused must be reported with appropriate action taken. Upon discovery, take appropriate action and make appropriate notifications. Report the error by telephone to BUMED (MED-273) by the next workday. Forward an official letter from the commanding officer to Chief, BUMED (MED-273) with the error report as an enclosure within 7 days of discovery of the incident. Forward a copy to the area blood system director.

(4) Errors discovered after a product leaves the facility must be reported with appropriate action taken. Upon discovery, take appropriate action and make appropriate notifications. Report the error by telephone to BUMED (MED-273) by the next workday. Forward an official letter from the commanding officer

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to Chief, BUMED (MED-273) with the error report as an enclosure within 7 days of discovery of the incident. Forward a copy to the area blood system director.

(5) Errors (donor center or transfusion service) resulting in the death of a patient must be reported immediately to the commanding officer, via telephone to BUMED (MED-273) (normal work hours (202) 653-1086, DSN 294-1086 or after hours OOD (202) 653-1327, DSN 294-1327), to the FDA (301) 594-1191/2/3) with followup written error report, and via letter to the Joint Commission for the Accreditation of Hospitals Organization. Forward an official letter from the commanding officer to Chief, BUMED (MED-273) with the error report as an enclosure within 7 days of the incident. Forward a copy to the area blood system director.

q. Submit a quarterly ASBP Blood Bank Operational Report, DD 2555, per enclosure (1), paragraph 14.

5. Area Blood Systems

a. Florida Area Blood System (FABS)

(1) Naval Hospital (NAVHOSP), Jacksonville, FL

(a) Assumes responsibilities as Director, FABS per paragraph 3 of this enclosure.

(b) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(c) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 200 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and those units shipped to ASWBPL.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(d) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(e) Serves as a Navy Blood Program reserve storage center by maintaining 50 bags of cryoprecipitated antihemophilic factor above daily patient requirements. Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(f) Provides a primary point of contact for NAVHOSP, Roosevelt Roads, Puerto Rico for technical and administrative blood banking matters. Working with the Commander in Chief, Atlantic Fleet (CINCLANTFLT), develops MOU for secondary blood support and performs annual technical assistance visit to NAVHOSP Roosevelt Roads, Puerto Rico.

(g) Working with CINCLANTFLT, develops MOU for secondary blood support for NAVHOSP, Guantanamo Bay, Cuba.

(h) Allocates BUMED quotas assigned to FABS for the collection, processing, and shipment of packed red cells (800 ml bags) to ASWBPL or other designated receivers.

(i) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood Citrate Phosphate Dextrose (CPD), and whole blood Citrate Phosphate Dextrose Adenine-1 (CPDA-1).

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(j) Provides annual frozen blood training per paragraph 4k of this enclosure.

(2) NAVHOSP, Corpus Christi, TX

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a blood transfusion service relying on routine blood product support from other Federal blood banks or alternatively, NAVHOSP, Jacksonville, FL.

(c) Rotates blood supplies to other facilities as directed by the Director, FABS.

(d) Provides annual frozen blood training per paragraph 4k of this enclosure.

(3) NAVHOSP, Millington, TN

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a blood transfusion service relying on the local civilian blood agency for routine blood product support.

(c) Provides annual frozen blood training per paragraph 4k of this enclosure.

(4) NAVHOSP, Orlando, FL

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a blood transfusion service relying on the local civilian blood agency for routine blood product support.

(c) Provides annual frozen blood training per paragraph 4k of this enclosure.

(5) NAVHOSP, Pensacola, FL

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(c) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Fresh frozen plasma, platelets, red blood cells, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(d) Provides annual frozen blood training per paragraph 4k of this enclosure.

b. Mid-Atlantic Area Blood System (MABS)

(1) Naval Medical Center (NAVMEDCEN), Portsmouth, VA

(a) Assumes the responsibilities as Director, MABS per paragraph 3 of this enclosure.

(b) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(c) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 2,000 units of frozen blood at -80°C or colder, 4 frozen blood cell washers, and 2 frozen blood waterbaths.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL; NAVHOSPs Guantanamo Bay and Keflavik; USS SAIPAN; USS NASSAU; and USS WASP.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(d) Maintains a stockpile of 100 group O frozen red blood units of known phenotypes for C, D, E, c, e, Fya, Fyb, Jka, Jkb, K, and k.

(e) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(f) Provides primary blood support for NAVHOSPs Guantanamo Bay, Cuba and Keflavik, Iceland. Serves as primary contact point for technical and administrative blood banking matters. Working with CINCLANTFLT, develops MOU for the primary blood support to the hospitals and performs annual technical

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assistance visit to NAVHOSPs Guantanamo Bay and Keflavik. Provides NAVHOSPs Guantanamo Bay and Keflavik with frozen red blood cells.

(g) Allocates BUMED quotas assigned to MABS for the collection, processing, and shipment of packed red cells (800 ml bags) to ASWBPL and other designated receivers.

(h) Serves as a Navy Blood Program reserve storage center by maintaining 50 bags of cryoprecipitated antihemophilic factor above daily patient requirements. Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(i) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(j) Provides annual frozen blood training per paragraph 4k of this enclosure.

(2) NAVHOSP, Beaufort, SC

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(c) Serves as a Navy Blood Program reserve storage center by maintaining 50 bags of cryoprecipitated antihemophilic factor above daily patient requirements. Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(d) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, whole blood CPD, and whole blood CPDA-1.

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2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(e) Provides annual frozen blood training per paragraph 4k of this enclosure.

(3) NAVHOSP, Camp Lejeune, NC

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Provides primary blood product support to NAVHOSP, Cherry Point, NC.

(c) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 200 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and those units shipped to ASWBPL.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(d) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(e) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(f) Provides annual frozen blood training per paragraph 4k of this enclosure.

(4) NAVHOSP, Charleston, SC

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 200 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and those units shipped to ASWBPL.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(c) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(d) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(e) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(f) Provides annual frozen blood training per paragraph 4k of this enclosure.

(5) NAVHOSP, Cherry Point, NC

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a transfusion service relying on routine blood product support from NAVHOSP Camp, Lejeune, NC. Rotates blood products with NAVHOSP, Camp Lejeune, NC or as directed by the Director, MABS.

(c) Stores fresh frozen plasma at -80°C or colder.

(d) Makes donor populations available to NAVHOSP, Camp Lejeune, NC and helps in the collection of blood from such donors.

(e) Provides annual frozen blood training per paragraph 4k of this enclosure.

c. Northeast Area Blood System (NABS)

(1) National Naval Medical Center (NATNAVMEDCEN), Bethesda, MD

(a) Assumes the responsibilities as Director, NABS per paragraph 3 of this enclosure.

(b) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(c) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 1,200 units of frozen blood at -80°C or colder, 4 frozen blood cell washers, and 2 frozen blood waterbaths.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL and USNS COMFORT.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(d) Maintains a stockpile of 100 group O frozen red blood units of known phenotypes for C, D, E, c, e, Fya, Fyb, Jka, Jkb, K, and k.

(e) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(f) Provides primary blood support and serves as primary contact point for technical and administrative blood banking matters for NAVHOSP, Patuxent River, MD.

(g) Allocates BUMED quotas assigned to NABS for the collection, processing, and shipment of packed red cells (800 ml bags) to ASWBPL and other designated receivers.

(h) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(i) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(j) Provides annual frozen blood training per paragraph 4k of this enclosure.

(2) NAVHOSP, Patuxent River, MD

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a transfusion service relying on routine blood product support from NATNAVMEDCEN, Bethesda, MD. Rotates blood products with NATNAVMEDCEN, Bethesda, MD.

(c) Stores fresh frozen plasma at -80°C or colder.

(d) Makes donor populations available to NATNAVMEDCEN, Bethesda, MD and helps in the collection of blood from such donors.

(e) Provides annual frozen blood training per paragraph 4k of this enclosure.

(3) NAVHOSP, Great Lakes, IL

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 600 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotate the final disposition of frozen red cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(c) Maintains a stockpile of 100 group O frozen red blood units of known phenotypes for C, D, E, c, e, Fya, Fyb, Jka, Jkb, K, and k.

(d) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(e) Serves as a Navy Blood Program reserve storage center by maintaining 50 bags of cryoprecipitated antihemophilic factor above daily patient requirements. Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(f) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(g) Provides annual frozen blood training per paragraph 4k of this enclosure.

(4) NAVHOSP, Groton, CT

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(c) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Fresh frozen plasma, platelets, red blood cells, red blood cells frozen, red blood cells deglycerolized, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1. In conjunction with the NATNAVMEDCEN, Bethesda, MD, conducts an annual technical assist visit to the Boston University School of Medicine, Naval Blood Research Laboratory, Boston, MA.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(d) Supports the Navy's frozen blood program by maintaining the capability to freeze, ship, and deglycerolize blood at Naval Blood Research Laboratory, Boston, MA.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no

longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(e) Provides annual frozen blood training per paragraph 4k of this enclosure.

(5) NAVHOSP, Newport, RI

(a) Ensures compliance with appropriate paragraphs of enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Provides annual frozen blood training per paragraph 4k of this enclosure.

d. Western Area Blood System (WABS)

(1) NAVMEDCEN, San Diego, CA

(a) Assumes the responsibilities as Director, WABS per paragraph 3 of this enclosure.

(b) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(c) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 2,000 units of frozen blood at -80°C or colder, 4 frozen blood cell washers, and 2 frozen blood waterbaths.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL, USS ESSEX, USS PELELIU, and USS TARAWA.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(d) Maintains a stockpile of 100 group O frozen red blood units of known phenotypes for C, D, E, c, e, Fya, Fyb, Jka, Jkb, K, and k.

(e) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(f) Allocates BUMED quotas assigned to WABS for the collection, processing, and shipment of packed red cells (800 ml bags) to ASWBPL and other designated receivers.

(g) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(h) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(i) Provides annual frozen blood training per paragraph 4k of this enclosure.

(2) NAVMEDCEN, Oakland, CA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 600 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL and USNS MERCY.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotate the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(c) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(d) Serves as a Navy Blood Program reserve storage center by maintaining 50 bags of cryoprecipitated antihemophilic factor above daily patient requirements. Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(e) Serves as primary contact point for technical and administrative blood banking matters at NAVHOSP, Lemoore, CA.

(f) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(g) Provides annual frozen blood training per paragraph 4k of this enclosure.

(3) NAVHOSP, Bremerton, WA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 200 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units maintained within its facility and units shipped to ASWBPL.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(c) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(d) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Fresh frozen plasma, platelets, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(e) Provides annual frozen blood training per paragraph 4k of this enclosure.

(4) NAVHOSP, Camp Pendleton, CA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Supports Navy contingency programs by maintaining a minimum of 100 units of fresh frozen plasma (50 group A, 25 group B, and 25 group AB) stored at -80°C or colder.

(c) Provides secondary blood support for NAVHOSP, Marine Corps Base (MCB), Twentynine Palms, CA.

(d) Serves as a Navy Blood Program reserve storage center by maintaining 50 bags of cryoprecipitated antihemophilic

factor above daily patient requirements. Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(e) FDA licensure

1. Maintains, at a minimum, FDA licensure for the following products: Cryoprecipitated antihemophilic factor, fresh frozen plasma, platelets, red blood cells, whole blood CPD, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped out of the State, unless in an emergency. Complies with reference (g).

(f) Provides annual frozen blood training per paragraph 4k of this enclosure.

(5) NAVHOSP, Lemoore, CA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a blood transfusion service relying on the local civilian blood agency for routine blood product support.

(c) Provides annual frozen blood training per paragraph 4k of this enclosure.

(6) NAVHOSP, Oak Harbor, WA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Operates a blood transfusion service relying on routine blood product support from NAVHOSP, Bremerton, WA and Madigan Army Medical Center, Tacoma, WA.

(c) Stores fresh frozen plasma at -80°C or colder.

(d) Provides annual frozen blood training per paragraph 4k of this enclosure.

(7) NAVHOSP, MCB, Twentynine Palms, CA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

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(b) Operates a blood transfusion service relying on the local civilian blood agency for routine blood product support.

(c) Provides annual frozen blood training per paragraph 4k of this enclosure.

OUTSIDE THE CONTINENTAL UNITED STATES (OCONUS)
AREA BLOOD SYSTEMS

1. General. OCONUS Navy medical treatment facilities with blood banks or blood donor centers fall under the component command for the service blood program and integrate into the unified command for the theater joint blood program. The unified command assigns blood banks or blood donor centers to geographical area blood systems which are much like Navy's CONUS area blood systems with the exception being the triservice composition. Specific unified command guidance is provided in references (q) through (s).

2. Objectives

a. Ensure the availability of an adequate supply of high quality blood and blood products during peacetime, and periods of contingency and mobilization.

b. Increase contingency and readiness posture.

c. Increase the quality of blood banking practices through compliance with FDA rules, regulations, and current good manufacturing practices, and AABB standards.

d. Assess and plan for implementation of advances in blood and blood component therapy (e.g., frozen blood and platelets) and evaluate appropriateness of local use with respect to contingency planning.

e. Improve blood resource management practices.

f. Exchange information on availability of excess blood bank equipment.

3. Component Command Blood Program Manager. Should be a medical technologist, NOBC 0866, and certified as a specialist in blood banking or possess significant experience in organization and management of the Armed Services Blood Program or a component command blood program. Appointed in writing by the component commands' surgeons: Commander in Chief, Pacific Fleet (CINCPACFLT); CINCLANTFLT; and Commander in Chief, United States Naval Forces Europe (CINCUSNAVEUR), to perform duties as outlined below:

a. Establishes a component command blood program to support the peacetime and wartime blood requirements within the command's area of responsibility and allow for integration into the unified commands' joint and area blood programs.

b. Serves as a special consultant to the component command surgeon on all blood bank matters. Is responsible to the

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component commander for the Navy Blood Program and the joint blood program office for the theater component blood program.

c. Serves as the primary liaison between the joint blood program office, the component command, component blood program activities and facilities, and the Navy Blood Program Branch (MED-273) for:

(1) Coordination and management of peacetime blood banking matters for the component command.

(2) Coordination and implementation of the joint blood programs' peacetime initiatives at component blood program activities and facilities to meet theater wartime blood program requirements and operations.

d. Serves as the primary liaison between the joint blood program office, the component command, and component blood program activities and facilities to ensure triservice cooperation and integration of the component command blood program into the joint blood program and implementation of unified commands' and Navy Blood Program's initiatives, programs, policies, and procedures.

e. Coordinates with the area joint blood program offices to ensure the availability and adequate supply of quality blood and blood products during peacetime and contingency, to ensure implementation of peacetime initiatives to meet theater wartime blood program requirements, and to ensure maintenance of contingency and readiness posture of component blood program activities.

f. Exchanges information between the component command, Navy Blood Program Office, component blood program activities, and the joint blood program office on changes in component and joint blood programs' policies, regulations, modernization, and availability of excess blood bank equipment and supplies.

g. Assesses and plans for implementation of advances in blood and blood component therapy (e.g., frozen blood, frozen platelets, platelet apheresis) and evaluates appropriateness of local use with respect to contingency planning.

h. Increases and maintains the quality of blood banking practices of the component command through monitoring component facilities' compliance with FDA regulations and AABB standards. Forwards FDA and AABB inspection reports to the unified command blood program office.

i. Receives, reviews, and takes appropriate corrective managerial actions on the quarterly ASBP blood bank operation reports from component facilities.

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4. All Blood Banks. Unless otherwise directed, must:

a. Comply with mission and functions in appropriate 5450 instructions.

b. Maintain donor recruiting avenues with local command activities. Ensure flight personnel meet donation criteria per reference (u).

c. Per enclosure (7), support peacetime deployment requests for liquid blood.

d. Maintain a blood procurement program designed to meet both routine and emergency blood product requirements to the fullest extent possible. Use the unified command's area joint blood program offices as a source of blood if unable to meet local requirements. For those facilities that do not routinely collect blood (NAVHOSP, Guantanamo Bay; NAVHOSP, Keflavik; and BRHOSP, Adak), maintain a list of acceptable emergency donors based on individuals' blood group and answers to questions concerning the donor medical history located on the Blood Donation Record, DD 572.

(1) Based on the windows of infectivity, predeployment testing of individuals for infectious diseases (hepatitis, HIV, etc.) is not required.

(2) If blood donor units are collected and transfused before testing, a plasma sample must be collected from the donor, properly labeled, and tested for the present battery of tests required by the Navy Blood Program. If testing is not performed in-house, forward the frozen donor sample to the nearest military medical facility with a blood donor center for the current battery of blood donor tests.

e. Maintain a blood inventory control system capable of providing data required by the unified command's joint and area blood program offices for the effective use of area blood resources.

f. Following the joint and area joint blood program offices guidance, advise the area joint blood program office of predicted blood product excesses or shortages. Make arrangements for intra- or inter-area shipments of excess blood products to Navy or other Federal facilities as directed. Until a separate transportation account code (TAC) is provided for blood shipments, the Naval Supply Systems Command has indicated that Medical Department activities may charge AMC and commercial shipping costs to NMF 17X3980.2379 022 74001 0 063408 2D 000 N66298003. When a Government bill of lading (GBL) is used, the TAC NMF-?-N662 may be employed (insert the last digit of the

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fiscal year in the question mark space) per references (n) and (o). Billing is to be made to Naval Material Transportation Office, Bldg. Z-133-5, Norfolk, VA 23511-6691.

g. When directed, collect, process, and ship quantities of blood to other Navy facilities for freezing in support of Navy contingency and depot frozen blood program.

h. When directed, possess the capability of freezing, processing, storing, shipping, and deglycerolizing frozen blood in support of the unified command and Navy blood programs. The unified command's joint blood program office assigns storage quotas. Quotas will be approximately 85 percent/15 percent group O positive to group O negative, and will be above those units carried as autologous, directed, rare, or training. Maintain plasma (not serum) cryogenic vials on all frozen red blood cell units as directed.

i. Ensure appropriate donor center training is provided for command personnel having blood donor center cadre requirements to external or internal donor center contingency or crisis operations. Training requirements are outlined in reference (k).

j. Establish and maintain an HIV Look Back Program as directed by BUMED. Permanently retain all blood donor records, component preparation records, and transfusion records (e.g., microfilm, microfiche, CD ROM, or floppy disk). Commands, who at one time maintained blood donor center operations, must ensure steps are taken to meet this look back requirement.

k. Maintain blood donor center PWRMS per reference (p). Incorporate all PWRMS items into the daily peacetime routine of the blood donor center operations.

l. Prepare FDA error reports on all errors. The following applies to all facilities (registered and licensed):

(1) Errors discovered before a product is placed into inventory are to be treated as internal errors. Document the error, take corrective action, document the action, and file in the facility's FDA error report file. The FDA inspector will ask for this file during the annual inspection.

(2) For information obtained after donation, post-donation reports (uses same accident/error report) are required if the product was made available for distribution and if:

(a) The donor should have been deferred had the information been known at the time of donation and the product quality may be affected.

(b) The medical evaluation otherwise suggests that product quality may be affected.

(c) The information is insufficient to conclude that product quality is not compromised.

(3) Report errors discovered after a product is placed into inventory or is transfused with appropriate action taken. Upon discovery, take appropriate action and make appropriate notifications. Report the error by facsimile to BUMED (MED-273), (202) 653-1659, by the next workday. Forward an official letter from the commanding officer to Chief, BUMED (MED-273) with the error report as an enclosure within 7 days of discovery of the incident. Forward a copy to the component command blood program office.

(4) Report errors discovered after a product leaves the facility with appropriate action taken. Upon discovery, take appropriate action and make appropriate notifications. Report the error by facsimile to BUMED (MED-273) by the next workday. Forward an official letter from the commanding officer to Chief, BUMED (MED-273) with the error report as an enclosure within 7 days of discovery of the incident. Forward a copy to the component command blood program office.

(5) Report errors (donor center or transfusion service) resulting in the death of a patient immediately to the commanding officer, via facsimile to BUMED (MED-273), to the FDA at (301) 594-1191/2/3, and via letter to the Joint Commission for the Accreditation of Healthcare Organization (JCAHO). Forward an official letter from the commanding officer to Chief, BUMED (MED-273) with the error report as an enclosure within 7 days of the incident. Forward a copy to the component command blood program office.

m. Use standard blood bank forms and blood product labels as directed by BUMED (MED-273).

n. Submit a quarterly ASBP Blood Bank Operational Report, DD 2555, per enclosure (1), paragraph 14.

5. Component Command Blood Programs

a. CINCLANTFLT. Designates in writing a component command blood program manager.

(1) U.S. NAVHOSP, Guantanamo Bay, Cuba

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of operational plans (OPLANS).

(c) Operates a blood transfusion service relying on routine blood product support from NAVMEDCEN, Portsmouth, VA and secondary blood support from NAVHOSP, Jacksonville, FL. Working with CINCLANTFLT; NAVMEDCEN, Portsmouth, VA; and NAVHOSP, Jacksonville, FL develops an MOU for primary and secondary blood support.

(d) Maintains the capability to store, ship, and deglycerolize frozen red blood cells. Maintains a minimum of 100 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to NAVMEDCEN, Portsmouth, VA so the cryovials can be destroyed.

(e) Operates and conducts sufficient blood donor operations such that technician proficiency and regular contact with command blood program coordinators is maintained. FDA licensure for the manufacturer of blood products is not required.

(f) Stores fresh frozen plasma at -80°C or colder.

(g) Submits copies of quarterly ASBP Blood Bank Operational Report and FDA Accident/Error Report to the Director, MABS, NAVMEDCEN Center, Portsmouth, VA and the component command blood program office.

(2) U.S. NAVHOSP, Keflavik, IC

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood transfusion service relying on routine blood product support from NAVMEDCEN, Portsmouth, VA. Working with CINCLANTFLT and NAVMEDCEN, Portsmouth, VA, develops an MOU for primary blood support. Obtains blood support from local national blood agencies only in an extreme emergency.

(d) Maintains the capability to store, ship, and deglycerolize frozen red blood cells. Maintains a minimum of 100

units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to NAVMEDCEN, Portsmouth, VA so the cryovials can be destroyed.

(e) Stores fresh frozen plasma at -80°C or colder.

(f) Submits copies of quarterly ASBP Blood Bank Operational Report to the Director, MABS, NAVMEDCEN, Portsmouth, VA, the unified command joint blood program office, and the area joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with copies to the Director, MABS, NAVMEDCEN, Portsmouth, VA and to the component command blood program office.

(3) U.S. NAVHOSP, Roosevelt Roads, PR

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood donor center for primary blood support.

(d) FDA licensure

1. Maintains, at a minimum, licensure for the following: Fresh frozen plasma, red blood cells, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped to CONUS.

(e) Uses NAVHOSP, Jacksonville, FL as a secondary source of blood products, and for technical and administrative blood banking matters. Working with CINCLANTFLT and NAVHOSP Jacksonville, FL develops an MOU for secondary blood support.

(f) Stores fresh frozen plasma at -80°C or colder.

(g) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(h) Submits copies of quarterly ASBP Blood Bank Operational Report to the Director, FABS, NAVHOSP, Jacksonville, FL, the unified command joint blood program office, and area

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joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with copies to the Director, FABS, NAVHOSP, Jacksonville, FL and to the component command blood program office.

b. CINCPACFLT. The component command blood program manager shall be appointed in writing from one of the hospitals under the CINC's cognizance.

(1) U.S. NAVHOSP, Okinawa, JA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 9,198 units of frozen blood at -80°C or colder, 30 frozen blood cell washers, and 5 frozen blood waterbaths at the depot colocated with U.S. Pacific Command Blood Program Office.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units manufactured in-house and units aboard the USS BELLEAU WOOD.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotate the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(d) Operates a blood donor center to provide primary blood support.

(e) Stores fresh frozen plasma at -80°C or colder.

(f) FDA licensure

1. Maintains, at a minimum, licensure for the following: Cryoprecipitated antihemophilic factor, fresh frozen

plasma, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped to CONUS.

(g) Maintains a stockpile of 100 group O frozen red blood units of known phenotypes for C, D, E, c, e, Fya, Fyb, Jka, Jkb, K, and k.

(h) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(i) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager, the unified command joint blood program office, and the area joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

(2) U.S. NAVHOSP, Yokosuka, JA

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood donor center to provide primary blood support.

(d) FDA licensure

1. Maintains, at a minimum, licensure for the following: Fresh frozen plasma, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, and whole blood CPDA-1.

2. Ensures that unlicensed products are not shipped to CONUS.

(e) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 1,872 units of frozen blood at -80°C or colder, 6 frozen blood cell washers, and 2 frozen blood waterbaths.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units manufactured in-house. For in-house units manufactured and shipped to the USS BELLEAU WOOD, forwards the cryovials to the Blood Product Depot, U.S. NAVHOSP, Okinawa.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(f) Stores fresh frozen plasma at -80°C or colder.

(g) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(h) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager, the unified command joint blood program office, and the area joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

(3) U.S. NAVHOSP, Guam

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood donor center to provide primary blood support.

(d) FDA licensure

1. Maintains, at a minimum, licensure for the following: Fresh frozen plasma, red blood cells, red blood cells deglycerolized, red blood cells frozen, red blood cells frozen rejuvenated, red blood cells rejuvenated deglycerolized, and whole blood CPDA-1.

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2. Ensures unlicensed products are not shipped to CONUS.

(e) Supports the Navy's frozen blood program by maintaining the capability to collect, process, freeze, ship, and deglycerolize blood. Maintains a minimum of 1,872 units of frozen blood at -80°C or colder, 6 frozen blood cell washers, and 2 frozen blood waterbaths.

1. Stores plasma (not serum) cryogenic vials for the frozen blood units manufactured in-house.

2. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

3. When notified by a facility or ship, annotates the final disposition of frozen red blood cell units.

4. Manages and destroys the cryovials according to the standard operating procedures so future testing is not performed on these specimens.

(f) Stores fresh frozen plasma at -80°C or colder.

(g) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(h) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager, the unified command joint blood program office, and the area joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

(4) BRHOSP, Adak, AK

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood transfusion service relying on routine blood product support from United States Air Force Regional Medical Center, Elmendorf Air Force Base, AK or other military blood bank as designated by the Alaskan Area Joint Blood

Program Officer. Uses Elmendorf as contact point for technical and administrative blood banking matters.

(d) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager, the unified command joint blood program office, and the area joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

c. CINCUSNAVEUR. The component command blood program manager shall be appointed in writing from one of the hospitals under the CINC's cognizance.

(1) U.S. NAVHOSP, Naples, IT

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood donor center to provide primary blood support.

(d) FDA licensure

1. Maintains, at a minimum, licensure for the following: Fresh frozen plasma, red blood cells, red blood cells deglycerolized, red blood cells rejuvenated deglycerolized, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped to CONUS.

(e) Provides secondary blood product and technical and administrative blood banking support to NAVHOSP, Sigonella, IT.

(f) Supports the Navy's frozen blood program by maintaining the capability to receive, store, and deglycerolize frozen red blood cells. Maintains a minimum of 500 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

(g) Stores fresh frozen plasma at -80°C or colder.

(h) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(i) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager and the area joint blood program office for compilation and forwarding to the unified command joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

(2) U.S. NAVHOSP, Rota, SP

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood donor center to provide primary blood support.

(d) FDA licensure

1. Maintains, at a minimum, licensure for the following: Fresh frozen plasma, red blood cells, red blood cells deglycerolized, red blood cells rejuvenated deglycerolized, and whole blood CPDA-1.

2. Ensures unlicensed products are not shipped to CONUS.

(e) Supports the Navy's frozen blood program by maintaining the capability to receive, store, and deglycerolize frozen red blood cells. Maintains a minimum of 250 units of frozen blood at -80°C or colder, 2 frozen blood cell washers, and 1 frozen blood waterbath. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

(f) Stores fresh frozen plasma at -80°C or colder.

(g) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

(h) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager and the area joint blood program office for compilation and forwarding to the unified command joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

(3) U.S. NAVHOSP, Sigonella, IT

(a) Ensures compliance with enclosure (1) of this instruction and paragraph 4 of this enclosure.

(b) Works with the unified command's joint and area blood program offices and component command's blood program office for development of contingency and mobilization roles in support of OPLANS.

(c) Operates a blood donor center to provide primary blood support.

(d) FDA licensure

1. Maintains, at a minimum, licensure for the following: Fresh frozen plasma, red blood cells, red blood cells deglycerolized, red blood cells rejuvenated deglycerolized, and whole blood CPDA-1. Relies on secondary blood product support from NAVHOSP, Naples, IT or other joint blood program blood banks. Uses NAVHOSP, Naples, IT as contact point for technical and administrative blood banking matters.

2. Ensures unlicensed products are not shipped to CONUS.

(e) Supports the Navy's frozen blood program by maintaining the capability to receive, store, deglycerolize, and ship frozen blood. Maintains a minimum of 9,000 units of frozen blood at -80°C or colder, 14 frozen blood cell washers, and 6 frozen blood waterbaths at the frozen blood depot. When frozen red cell units are transfused, outdated, destroyed, used for transfusion, or other, and are no longer in the available inventory, the units will be documented as such. Reports the final disposition and donor number to the freezing facility so the cryovials can be destroyed.

(f) Stores fresh frozen plasma at -80°C or colder.

(g) Uses only blood groups A, B, and AB when manufacturing cryoprecipitated antihemophilic factor.

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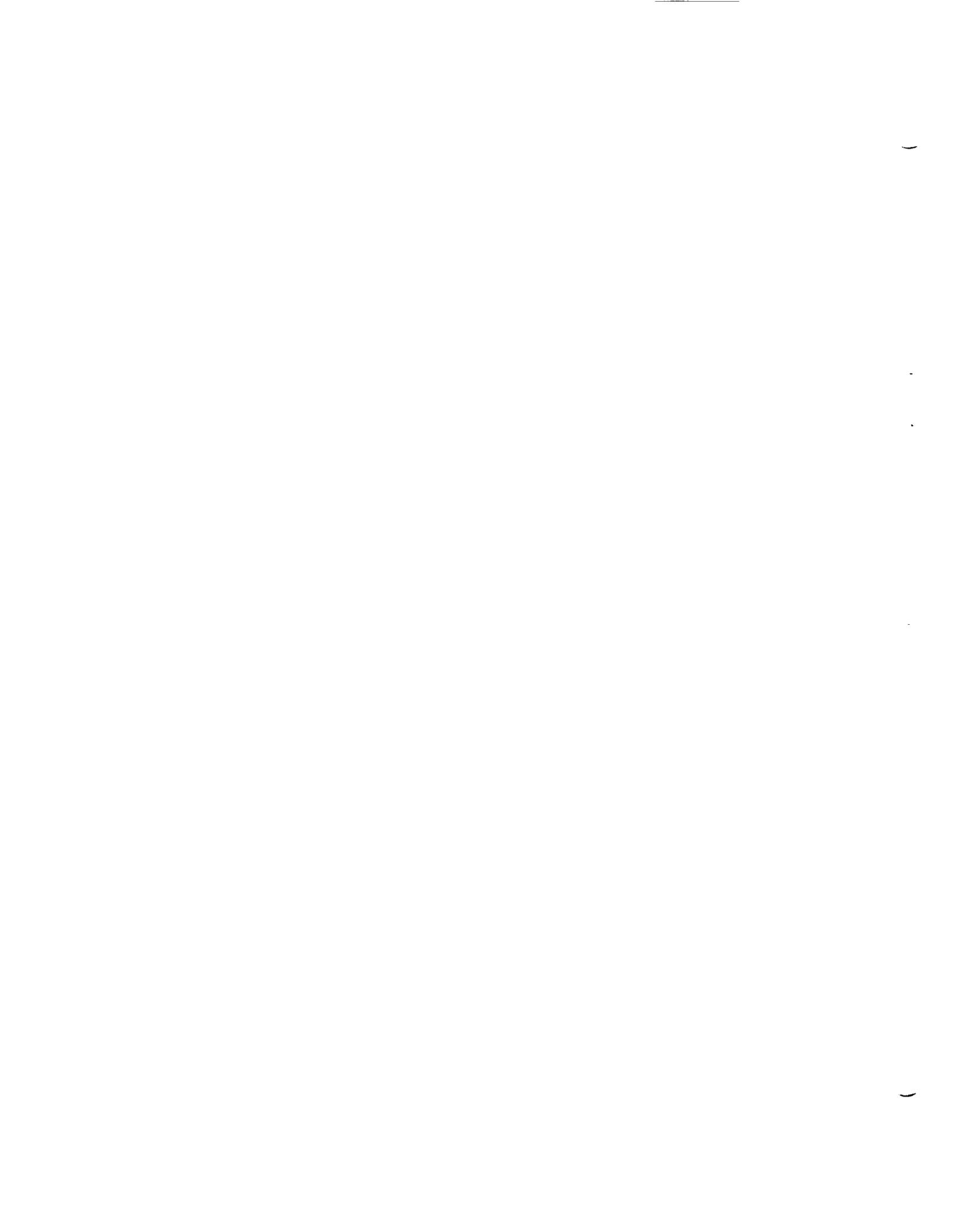
(h) Submits copies of quarterly ASBP Blood Bank Operational Report to the component command blood program manager and the area joint blood program office for compilation and forwarding to the unified command joint blood program office. Submits FDA Accident/Error Report to BUMED (MED-273) with a copy to the component command blood program office.

NAVY BLOOD PROGRAM BRANCH

1. Serves as executive agent for coordination and management of all Navy blood banking matters. Initiates and maintains directives relative to special blood projects and studies.
2. Works with component commands to ensure adequate blood support for emergency, mobilization, and contingency requirements; integration of CONUS blood program into the ASBP; and Fleet support for the frozen blood program.
3. Coordinates the maintenance of the Navy's FDA Establishment License (#635) to manufacture blood products under the Department of Health and Human Services licensure program. Centrally develops, issues, and maintains core standard operating procedures, and the Blood Program's Quality Assurance Program.
4. Directs the distribution of Navy blood resources and establishes quotas to support local emergencies, and mobilization and contingency requirements levied by the ASBPO.
5. Collects and maintains data on blood bank operations and takes action, as indicated, for proper allocation of Navy blood resources to ensure their effective and efficient use.
6. Serves as control center for all correspondence relative to Navy blood banking matters. Serves as central repository for all Navy HIV/HTLV-I Look Back cases.
7. Initiates and coordinates matters relative to special blood projects and studies. Serves as a member of the Armed Services Blood Coordinating Committee.
8. Acts as advisor to the professional consultant in the technical review of blood bank equipment. Serves as referral agent and coordinator for technical blood bank matters. Ensures the dissemination of information on developments in preparation and use of blood components.
9. Conducts periodic assistance visits to the blood banks of the area blood system directors.
10. Performs public information functions for Navy blood banking.

COMPONENT COMMAND BLOOD PROGRAM

1. Is responsible to the unified commander and the Chief of Naval Operations for the establishment of a component command blood program as outlined in enclosures (1) and (3) which supports the peacetime and wartime blood requirements within their areas and allows for integration into the unified command's blood program.
2. Designates a blood program manager with responsibilities as outlined in enclosure (3), paragraph 3.
3. Ensures TYCOMs maintain a program which assures compliance with this instruction.
4. In support of the Navy's HIV Look Back Program, ensures vessels capable of collecting or storing liquid or frozen blood maintain procedures that will identify and trace all blood products (including products received from off the ship or from walking donations) to final disposition of the product (destroyed, transfused, or transported off the ship). Ensures receiving and shipping documents, blood donor records, and transfusion records are maintained indefinitely.
5. Ensures the Navy's shipboard blood program (liquid and frozen) is properly administered as outlined in enclosure (7).



AREA BLOOD SYSTEM INSPECTION, TECHNICAL ASSISTANCE PROCEDURES,
AND ANNUAL FOOD AND DRUG ADMINISTRATION INSPECTIONS

1. The four CONUS area blood system directors will receive a technical assistance visit every 2 years from the Navy Blood Program Branch, MED-273.
2. The director of each CONUS area blood system, or a qualified representative appointed by the director, annually inspects all blood banks within the system to ensure compliance with FDA regulations and applicable DoD and Navy directives. Each director must budget for this mission-essential travel.
 - a. Use the current FDA's Blood Bank Inspection Checklist and Report (FDA-2609) for all inspections and address each applicable item. The inspection report must include an itemized list of discrepancies, recommendations, and comments on actions that will improve the effectiveness and efficiency of the Navy Blood Program.
 - b. Within 30 days of the Navy inspection, the inspected facility must provide the area director with written documentation (including standard operating procedures, forms, etc.) of actions taken to correct the noted deficiencies.
 - c. Upon receipt and acceptance of the deficiency correction report, the area director must forward a formal acceptance letter to the inspected facility. Forward a copy of the formal inspection report and the facilities corrective action report to BUMED (MED-273). Copies of the inspection forms shall be maintained by the inspected facility and the area blood system director. Address areas of concern in the formal response to the inspected facility.
3. In addition to those items contained in the FDA-2609, the director's inspection report must contain specific comments relating to the evaluation of:
 - a. Medical mobilization records to ascertain if blood donor center personnel requirements are being met per reference (k).
 - b. MAP and blood bank records to ascertain if personnel assigned to LHAs, LHDs, and T-AHs are receiving annual refresher training in deglycerolization procedures for frozen blood.
 - c. Donor center operations to:
 - (1) Ascertain if the facility is meeting BUMED collection quotas in support of the ASWBPL and the Navy Frozen Blood Program.

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(2) Status in meeting the blood product stocking requirements in enclosure (2) outlined for contingency frozen blood, contingency fresh frozen plasma, contingency cryoprecipitated antihemophilic factor, and known frozen blood phenotypes.

d. Blood bank and donor center records to ensure all donor cards with related Acquired Immunodeficiency Syndrome (AIDS) sheets, component logs, transfusion logs, and patient crossmatch cards are periodically microfilmed.

e. Adequacy of blood resource management.

f. HIV Look Back Program to ascertain if case files are maintained on each donor or recipient look back request.

g. Participation in recovered expired red blood cells and plasma contracts.

h. Degree of adherence to applicable rules, regulations, standards, and directives.

4. All facilities (transfusion services and blood donor centers) will receive an annual unannounced inspection by an FDA inspector. Within 30 days of completion of the FDA inspection, the commanding officer must forward to Chief, BUMED (MED-273) written documentation (including SOPs, forms, etc.) of actions taken to correct any discrepancies. The Navy's Surgeon General will forward the command's inspection response formally to the FDA.

a. For CONUS facilities, forward an informational copy of the correspondence to the area blood system director.

b. For OCONUS facilities, forward an informational copy of the correspondence per enclosure (3) for submitting the quarterly ASBP Blood Bank Operational Report.

TYPE COMMANDERS (TYCOMs); COMMANDING OFFICERS AFLOAT;
AND COMMANDING OFFICERS, MEDICAL TREATMENT FACILITY,
USNS COMFORT AND USNS MERCY

1. Type Commanders

a. Are responsible to the component command for developing, implementing, and maintaining a program to fully comply with this instruction.

b. Ensure standard operating procedures in enclosure (8) are developed, maintained, and reviewed annually.

c. Track informal annual or predeployment technical assist visits (TAVs) for LHAs and LHDs. Depending upon the situation, TAVs may be requested for any class of ship with blood collection or storage capability. Since prepositioned frozen blood and blood products are strictly controlled by the FDA and are of congressional interest, it is absolutely imperative that LHAs and LHDs receive and document TAVs.

(1) TAVs must be conducted approximately 90-120 days before deployment as part of the predeployment checklist or annually, at a minimum.

(2) The area blood system director (or representative) must use enclosure (8) throughout the inspection and must outbrief the commanding officer (or his or her representative) before leaving the ship. Forward a written report of the TAV to the commanding officer within 15 working days of the TAV.

d. Ensure frozen blood training is received for support of LHAs and LHDs. Assistance will be provided by the area blood system director.

e. Ensure afloat blood product needs or excesses are provided to the servicing area blood system director before the deployment of LHAs and LHDs.

f. Ensure all ships capable of collecting or storing liquid or frozen blood maintain procedures which will allow for the identification and tracking of all products (received from off the ship or from collected shipboard) to final disposition of the products (destroyed, transfused, or transported off the ship). Ensure receiving and shipping documents, blood donor records, and transfusion records are permanently maintained.

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g. Coordinate with the ship (LHA and LHD) commanding officer and area blood system director for the relocation of shipboard frozen blood assets during periods of ship overhaul or the unanticipated loss of freezer capability. Costs incurred during the removal and replenishment (shipping boxes, dry ice, and transportation) must be the responsibility of the ship.

2. Commanding Officers Afloat

a. All ships capable of collecting blood (AFS, AGF, AOE, CGN, LCC, LKA, LPD, AD, AR, and LPH):

(1) Comply with paragraphs 1b and, as applicable, with 1c.

(2) Maintain a list of acceptable emergency donors based on individuals' blood group and answers to questions concerning the donor medical history located on the Blood Donation Record, DD 572.

(a) Based on the windows of infectivity, predeployment testing of individuals for infectious diseases (hepatitis, HIV, etc.) is not required.

(b) If blood donor units are collected and transfused, a plasma sample must be collected from the donor, properly labeled and frozen. Upon arrival at the nearest military medical facility with a blood donor center, submit the sample for the current battery of blood donor tests.

(3) Ensure procedures are in place which allows for the identification and tracking of all blood products (received from off the ship or from emergency onboard collections) to final disposition of the product (destroyed, transfused, or transported off the ship). Ensure receiving and shipping documents, blood donation records, and transfusion records are permanently maintained. Forward copies of all shipboard transfusions and collections (to include copies of completed DD 572s) must be forwarded to the Navy Blood Program Office, MED-273, Bureau of Medicine and Surgery, 2300 E Street NW, Washington, DC 20372-5300.

(4) As needed, coordinate peacetime deployment liquid blood requests with local CONUS blood donor center 15-30 days before deployment. Coordinate OCONUS resupply requests via message to the closest U.S. naval hospital 5-10 days before arrival or close transit. Common request is for 20-30 units of red blood cells (75 percent O positive, 25 percent O negative). Ships must have an approved blood bank refrigerator.

b. LHAs and LHDs:

(1) Comply with paragraphs 1b and, as applicable, with 1c.

(2) Maintain references in enclosure (8). Use enclosure (8) as a reference to maintain the frozen blood program.

(3) Ensure informal annual or predeployment TAVs are scheduled per enclosure (2). Since prepositioned frozen blood and blood products are strictly controlled by the FDA and are of congressional interest, it is absolutely imperative that LHAs and LHDs receive and document TAVs.

(a) TAVs are conducted approximately 90-120 days before deployment as part of the predeployment checklist or annually, at a minimum. This allows sufficient time to correct discrepancies or procure supplies required to provide maximum frozen blood deglycerolization capability.

(b) The area blood system director (or representative) must use enclosure (8) throughout the inspection and must outbrief the commanding officer (or his or her representative) before leaving the ship. Forward a written report of the TAV to the commanding officer within 15 working days of the TAV.

(4) Advise TYCOMs of predicted blood product excesses or deficiencies. Order, maintain, and ship blood products (liquid and frozen) as directed by the TYCOMs.

(5) As needed, coordinate peacetime deployment liquid blood requests with local CONUS blood donor center 15-30 days before deployment. Coordinate OCONUS resupply requests via message to the closest U.S. naval hospital 5-10 days before arrival or close transit. Common request is for 20-30 units of red blood cells (75 percent O positive, 25 percent O negative).

(6) Ensure deglycerolized frozen blood is used as the product of choice for transfusion in all situations which permit. It is extremely important that when frozen red cell units are transfused, outdated, destroyed, used for transfusion, used for training, or other, and are no longer in the available inventory, the units are documented as such. Report the final disposition and donor number to the appropriate cryovial repository designated on the next page:

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SHIP

CRYOVIAL REPOSITORY

USS TARAWA.....NAVMEDCEN San Diego CA
USS SAIPAN.....NAVMEDCEN Portsmouth VA
USS BELLEAU WOOD.....USNAVHOSP Okinawa JA
USS NASSAU.....NAVMEDCEN Portsmouth VA
USS PELELIU.....NAVMEDCEN San Diego CA
USS WASP.....NAVMEDCEN Portsmouth VA
USS ESSEX.....NAVMEDCEN San Diego CA

(7) Ensure frozen blood training has been received for permanent staff and MAP laboratory personnel assigned to the platform. Assistance will be provided by the area blood system director.

(8) Maintain a list of acceptable emergency donors based on individuals' blood group and answers to questions concerning the donor medical history located on the DD 572.

(a) Based on the windows of infectivity, predeployment testing of individuals for infectious diseases (hepatitis, HIV, etc.) is not required.

(b) If blood donor units are collected and transfused, a plasma sample must be collected from the donor, properly labeled and frozen. Upon arrival at the nearest military medical facility with a blood donor center, submit the sample for the current battery of blood donor tests.

(c) Ships without donor unit number blocks assigned per enclosure (9) must use the donor's social security number as the donor identification number.

(9) Ensure procedures are in place which will allow for the identification and tracking of all blood products (received from off the ship or from emergency onboard collections) to final disposition of the product (destroyed, transfused, or transported off the ship). Ensure receiving and shipping documents, blood donation records, and transfusion records are permanently maintained. Forward copies of all shipboard transfusions and collections (to include copies of completed DD 572s) to the Navy Blood Program Office, MED-273, per paragraph 2a(3).

(10) As available from Navy Blood Program, maintain maximum inventory of frozen blood products outlined in paragraph 4 and maintain the capability to deglycerolize all frozen blood held in inventory. Ensure supply procedures are in place that allow for predeployment procurement and receipt of non-depot stocked items that support the frozen blood program. Maintain frozen blood and fresh frozen plasma at -80°C or colder.

(11) Provide support ashore, as directed by the TYCOMs.

3. Commanding Officers, Medical Treatment Facility, USNS COMFORT and USNS MERCY

a. Ensure standard operating procedures (SOPs) in enclosure (8) are developed, maintained, and reviewed annually.

b. Maintain references in enclosure (8). Use enclosure (8) as a reference to maintain the frozen blood program.

c. Ensure informal annual or predeployment TAVs are scheduled per enclosure (2). Since prepositioned frozen blood and blood products are strictly controlled by the FDA and are of congressional interest, it is absolutely imperative that T-AHs receive and document TAVs.

(1) TAVs are conducted approximately 90-120 days before deployment as part of the predeployment checklist or annually, at a minimum. This allows sufficient time to correct discrepancies or procure supplies required to provide maximum frozen blood deglycerolization capability.

(2) The area blood system director (or representative) must use enclosure (8) throughout the inspection and must outbrief the commanding officer (or his or her representative) before leaving the ship. Forward a written report of the TAV to the commanding officer within 15 working days of the TAV.

d. Ensure frozen blood training has been received for permanent staff and MAP laboratory personnel assigned to the platform. Assistance will be provided by the area blood system director.

e. Advise component command of predicted blood product excesses or deficiencies. Order, maintain, and ship blood products (liquid and frozen) as directed by the component command.

f. As needed, coordinate peacetime deployment liquid blood requests with local CONUS blood donor center 15-30 days before deployment. Coordinate OCONUS resupply requests via message to the closest U.S. naval hospital 5-10 days before arrival or close transit. Common request is for 20-30 units of red blood cells (75 percent O positive, 25 percent O negative).

g. As available from Navy Blood Program, maintain maximum inventory of frozen blood products outlined in paragraph 4 and maintain the capability to deglycerolize all frozen blood held in inventory. Ensure supply procedures are in place that allow for

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predeployment procurement and receipt of non-depot stocked items that support the frozen blood program. Maintain frozen blood and fresh frozen plasma at -80°C or colder.

h. Ensure deglycerolized frozen blood is used as the product of choice for transfusion in all situations which permit. It is extremely important that when frozen red cell units are transfused, outdated, destroyed, used for transfusion, used for training, or other, and are no longer in the available inventory, the units will be documented as such. Report the final disposition and donor number to the appropriate cryovial repository designated below:

| <u>SHIP</u> | <u>CRYOVIAL REPOSITORY</u> |
|-------------------|----------------------------|
| USNS MERCY..... | NAVMEDCEN Oakland CA |
| USNS COMFORT..... | NATNAVMEDCEN Bethesda MD |

i. Coordinate with the area blood system director for the relocation of shipboard frozen blood assets during periods of ship overhaul or the unanticipated loss of freezer capability. Costs incurred during the removal and replenishment (shipping boxes, dry ice, and transportation) must be the responsibility of the ship's medical treatment facility.

j. Maintain a list of acceptable emergency donors based on individuals' blood group and answers to questions concerning the donor medical history located on the DD 572.

(1) Based on the windows of infectivity, predeployment testing of individuals for infectious diseases (hepatitis, HIV, etc.) is not required.

(2) If blood donor units are collected and transfused, a plasma sample must be collected from the donor, properly labeled and frozen. Upon arrival at the nearest military medical facility with a blood donor center, submit the sample for the current battery of blood donor tests.

(3) T-AHs must use the donor's social security number as the donor identification number.

k. Ensure procedures are in place which will allow for the identification and tracking of all blood products (received from off the ship or from emergency onboard collections) to final disposition of the product (destroyed, transfused, or transported off the ship). Ensure receiving and shipping documents, blood donation records, and transfusion records are permanently maintained. Forward copies of all shipboard transfusions and collections (include copies of completed DD 572s) to the Navy Blood Program Office, MED-273, per paragraph 2a(3).

4. Storage of Frozen Blood Products. Frozen blood products will be stored aboard ships in the same percentages as in deployable medical systems (DEPMEDS) (95 percent red cells, 4 percent plasma, and 1 percent platelets). The following table outlines shipboard requirements for two deployment types: Contingency (routine deployment) and mobilization (wartime deployment).

| SHIP | TYPE OF DEPLOYMENT | FROZEN RED CELLS | FRESH FROZEN PLASMA | FROZEN PLATELET |
|------|--------------------|------------------|---------------------|-----------------|
| LHA | Contingency | 475 | 20 | 5* |
| | Mobilization | 950 | 40 | 10* |
| LHD | Contingency | 665 | 28 | 7* |
| | Mobilization | 1,330 | 56 | 14* |
| T-AH | Contingency | 2,375 | 100 | 25* |
| | Mobilization | 2,850 | 120 | 30* |

*When technology permits.



NAVY FROZEN BLOOD PROGRAM
TECHNICAL ASSIST VISIT (TAV) CHECK SHEET FOR
AMPHIBIOUS ASSAULT SHIP (GENERAL PURPOSE), LHA;
AMPHIBIOUS ASSAULT SHIP (MULTI-PURPOSE), LHD; AND
AUXILIARY HOSPITAL SHIP, T-AH

DATE

| | | |
|--|--|--|
| | | |
|--|--|--|

YY MM DD

| | |
|----------------------------|--|
| Name of Ship | |
| Homeport of Ship | |
| Responsible Line Commander | |
| Type Commander | |
| Component Command | |

| | |
|---|--|
| Name of Ship's Medical Department Representative | |
| Name of Technical Assist Visit (TAV) Representative | |

REQUIRED REFERENCES ABOARD

| YES | NO | NAME OF REFERENCE |
|-----|----|---|
| | | OPNAVINST 6530.2C (Donor Support for DON Blood Program) |
| | | OPNAVINST 6530.4A (DON Blood Program) |
| | | NAVMED P-5101 (AABB Technical Manual) |
| | | NAVMED P-5123 (Operations of Donor Center/Shipping) |

REQUIRED STANDARD OPERATING PROCEDURES

| YES | NO | ESTABLISHED PROCEDURES COVERING |
|-----|----|--|
| | | Shipboard donor screening, collection and processing. |
| | | Deglycerolization of frozen red blood cells. |
| | | Notification of cryovial repository once frozen units have been deglycerolized. |
| | | Immediate spin crossmatching of red blood cells or frozen red blood cells. |
| | | Reverse grouping of fresh frozen plasma. |
| | | Patient and donor record tracking for all products. Includes expiring, breakage, transfusing, shipping, and destruction. |
| | | Donor trip scale quality control. |
| | | Reagent quality control. |
| | | Deglycerolization quality control. |
| | | Equipment maintenance and quality control. |
| | | Plan and provisions in case of freezer failure. |
| | | Storage requirements for products. |
| | | Rotation of inventory for maximum shelf-life. |
| | | Procedures for requesting blood products, emergency and in-theater operations, etc. |

TRAINING

| YES | NO | QUESTIONS CONCERNING TRAINING |
|-----|----|---|
| | | Have the laboratory technicians received training in frozen blood procedures? |

TRAINING (continued)

| YES | NO | QUESTIONS CONCERNING TRAINING |
|-----|----|---|
| | | Have the laboratory technicians received an annual refresher course conducted by the local naval hospital? |
| | | Are at least two personnel trained in cell washing procedures? |
| | | Is all training documented in the medical department's training log? |
| | | Have BIOMED repair technicians (if available) or machinist mates been trained in freezer maintenance or repair? |

GENERAL QUESTIONS

| YES | NO | |
|-----|----|---|
| | | Are the refrigerator and freezer temperature control logs and graphs maintained? |
| | | Are the freezers and refrigerators connected to emergency power? |
| | | Are units of frozen blood products rotated to shore medical treatment facilities at least 3 months before end of shelf-life? |
| | | Are the standard operating procedures being followed? |
| | | Are CO2 tanks used for the freezer backup system liquid syphon tanks? "Syphon" or "dip tube" will be stenciled on the side of tank by vendor. (Not required if freezers have dual cascade systems.) |
| | | Do freezers and refrigerators have adequate and functional remote alarm systems installed for both power and temperature that are appropriately and periodically checked? |

**AUTHORIZED MEDICAL ALLOWANCE LIST (AMAL) STATUS
 REAGENTS/SUPPLIES**

AMAL #: _____

| STOCK NUMBER | ITEM | AMOUNTS | |
|------------------|-------------------------|------------|----------|
| | | AUTHORIZED | ON-BOARD |
| 0102-LF-015-9800 | DONOR CARDS (Rev.2/93) | | |
| 6505-01-234-8962 | DILUTING SOL. 12% NACL | | |
| 6505-01-234-9583 | WASH SOL. 2000 ML | | |
| 6510-01-113-9208 | DONOR PREP KIT | | |
| 6515-00-334-6800 | FORCEPS | | |
| 6515-00-365-1820 | SCISSORS | | |
| 6515-01-070-1532 | CLIP, SEAL, TUBING | | |
| 6515-01-140-5267 | STRIPPERS, SEALER | | |
| 6515-01-128-1407 | BLOOD ADMIN SET | | |
| 6515-01-372-3417 | BLOOD BAG, 600 ML | | |
| 6515-01-235-6088 | RECOV PK, FROZ/BLD/10S | | |
| --OR-- | --OR-- | | |
| 6515-01-320-1715 | RECOV PK, FROZ/BLD/20S | | |
| 6550-00-159-5011 | TEST KIT, SYPHILIS | | |
| 6550-01-057-2641 | ANTI-A, B | | |
| 6550-01-057-2642 | ANTI-A | | |
| 6550-01-057-2643 | ANTI-B | | |
| 6550-01-329-9842 | ANTI-D | | |
| 6550-01-132-0258 | SALINE | | |
| 6550-01-153-6967 | COPPER SULFATE, SP1.053 | | |

REAGENTS/SUPPLIES (continued)

| STOCK NUMBER | ITEM | AMOUNTS | |
|------------------|------------------------|------------|----------|
| | | AUTHORIZED | ON-BOARD |
| 6630-00-145-1137 | 7 ML TUBE | | |
| 6630-00-299-9832 | URINOMETER | | |
| 6630-00-299-9838 | BULB, CAPILLARY | | |
| 6630-00-618-0072 | CAPILLARY, MICRO HCT | | |
| 6640-01-359-8061 | PIPET, DISP., 250'S | | |
| 6640-00-299-8490 | RACK, TEST TUBE | | |
| 6640-00-299-8493 | WASH BOTTLE | | |
| 6640-00-409-7000 | BULB, DROPPING PIPET | | |
| 6440-01-119-0013 | TUBE, TEST TUBE | | |
| 6640-01-234-9582 | BOWL, WASH, 10/PKG | | |
| --OR-- | --OR-- | | |
| 6640-01-302-5528 | BOWL, WASH. 10/PKG | | |
| 6440-01-236-6430 | WEIGHT, BLOOD BAG LEAD | | |
| 7520-01-249-6421 | BLACK MARKER | | |
| 7690-01-138-5001 | RBC, CPDA-1 | | |
| 7690-01-237-1935 | AB POS, LABEL | | |
| 7690-01-237-6069 | O POS, LABEL | | |
| 7690-01-240-5753 | A POS, LABEL | | |
| 7690-01 240-5756 | AB NEG, LABEL | | |
| 7690-01-291-5434 | DONOR NUMBER | | |
| 7690-01-308-2187 | B NEG, LABEL | | |
| 7690-01-308-2188 | LABEL, DONOR LOCATION | | |

REAGENTS/SUPPLIES (continued)

| STOCK NUMBER | ITEM | AMOUNTS | |
|------------------|--------------------|------------|----------|
| | | AUTHORIZED | ON-BOARD |
| 7690-01-308-7718 | A NEG, LABEL | | |
| 7690-01-308-7719 | O NEG, LABEL | | |
| 7690-01-308-7720 | B POS, LABEL | | |
| 8105-01-234-9572 | WASTE BAG, 3000 ML | | |

EQUIPMENT

| STOCK NUMBER | ITEM | AMOUNTS | | |
|------------------|------------------------|------------|----------|----------------|
| | | AUTHORIZED | ON-BOARD | NUMBER WORKING |
| 3540-01-301-5260 | SEALING MACHINE | | | |
| 4110-01-288-0280 | BB REFRIGERATOR | | | |
| 4110-01-289-9851 | FREEZER, BLOOD/PLASMA | | | |
| 6640-00-440-1200 | STAND, LAB, BLOOD | | | |
| 6515-00-584-2926 | BALANCE, AUTO, SHUTOFF | | | |
| 6640-01-139-7457 | CENTRIFUGE, REFRIG. | | | |
| 6640-01-140-5269 | ROTATOR | | | |
| 6640-01-20502422 | HCT CENTRIFUGE | | | |
| 6640-01-235-1368 | PUMP, CIRCULATING | | | |
| 6640-01-235-6131 | BLOOD CELL WASHER | | | |
| 6640-01-237-0564 | WATER BATH | | | |
| 6650-00-933-3218 | REFRACTOMETER | | | |

FROZEN BLOOD PRODUCT STATUS

| | PRODUCTS | | |
|--------------------------|-----------|--------|-----------|
| | RED CELLS | PLASMA | PLATELETS |
| NUMBER AUTHORIZED | | | |
| NUMBER ON-BOARD | | | |
| EARLIEST EXPIRATION DATE | | | |

ON-BOARD DEGLYCEROLIZATION CAPABILITY CALCULATIONS

| | | | | | | |
|---|-----|-----------|-----|------------|---|-------------------|
| DILUTING SOLUTION, 12% NAACL (6505-01-234-8962) | | | | | | |
| # OF CASES | | BAGS/CASE | | UNITS/BAGS | | DEGLYC CAPABILITY |
| | (X) | 36 | (X) | 3 | = | |

| | | | | | | |
|---|-----|-----------|-----|------------|---|-------------------|
| WASH SOLUTION, 2000 ML (6505-01-234-9583) | | | | | | |
| # OF CASES | | BAGS/CASE | | UNITS/BAGS | | DEGLYC CAPABILITY |
| | (X) | 6 | (X) | 1 | = | |

| | | | | | | |
|--|-----|-----------|-----|------------|---|-------------------|
| RECOVERY PACK, FROZEN BLOOD (6515-01-235-6088) | | | | | | |
| # OF CASES | | BAGS/CASE | | UNITS/BAGS | | DEGLYC CAPABILITY |
| | (X) | 10 | (X) | 2 | = | |

OR

| | | | | | | |
|--|-----|-----------|-----|------------|---|-------------------|
| RECOVERY PACK, FROZEN BLOOD (6515-01-320-1715) | | | | | | |
| # OF CASES | | BAGS/CASE | | UNITS/BAGS | | DEGLYC CAPABILITY |
| | (X) | 20 | (X) | 2 | = | |

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ON-BOARD DEGLYCEROLIZATION CAPABILITY CALCULATIONS

| | | | | | | |
|--|-----|-----------|-----|------------|---|-------------------|
| BOWL, WASH (6640-01-234-9582) or (-302-5528) | | | | | | |
| # OF CASES | | BAGS/CASE | | UNITS/BOWL | | DEGLYC CAPABILITY |
| | (X) | 10 | (X) | 2 | = | |

Note: For Bowl, Wash: Haemonetics has indicated that "if the product shows no sign of packaging damage and the protective covers are firmly in place, the product will remain suitable for use for 5 years from date of manufacture."

| | | | | | | |
|------------------------------|-----|-----------|-----|-----------|---|-------------------|
| WASTE BAG (8105-01-234-9572) | | | | | | |
| # OF CASES | | BAGS/CASE | | UNITS/BAG | | DEGLYC CAPABILITY |
| | (X) | 60 | (X) | 2 | = | |

Attach comments.

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NAVY BLOOD PROGRAM
DONOR UNIT NUMBER BLOCKS
AND
FDA REGISTRATION NUMBERS

| COLLECTION CENTER | NUMBER BLOCKS | FDA REG NUMBER |
|---------------------------------------|-----------------|----------------|
| <u>WESTERN AREA BLOOD SYSTEM</u> | | |
| NAVMEDCEN San Diego CA | 4000000-4099999 | 2076443 |
| NAVHOSP Bremerton WA | 4100000-4149999 | 3076829 |
| NAVHOSP Camp Pendleton CA | 4150000-4249999 | 2076574 |
| *NAVHOSP Long Beach CA | 4250000-4299999 | ----- |
| NAVMEDCEN Oakland CA | 4300000-4349999 | 2977547 |
| <u>NORTHEAST AREA BLOOD SYSTEM</u> | | |
| NATNAVMEDCEN Bethesda MD | 4500000-4599999 | 1176560 |
| | 4760000-4799999 | ----- |
| NAVHOSP Great Lakes IL | 4600000-4649999 | 1476899 |
| NAVHOSP Groton CT | 4650000-4699999 | 1270017 |
| *NAVHOSP Newport RI | 4700000-4749999 | ----- |
| *NAVMEDCLINIC Philadelphia PA | 4750000-4759999 | ----- |
| Naval Blood Research Lab | ----- | 1283786 |
| <u>MID-ATLANTIC AREA BLOOD SYSTEM</u> | | |
| NAVMEDCEN Portsmouth VA | 5000000-5099999 | 1176859 |
| NAVHOSP Beaufort SC | 5100000-5149999 | 1076931 |
| NAVHOSP Camp Lejeune NC | 5150000-5199999 | 1076942 |
| NAVHOSP Charleston SC | 5200000-5250011 | 1076900 |
| | 5272251-5299999 | ----- |
| NAVHOSP Guantanamo Bay CU | 6500000-6549999 | 9611746 |
| NAVHOSP Keflavik IC | 6600000-6609999 | 9611751 |
| <u>FLORIDA AREA BLOOD SYSTEM</u> | | |
| NAVHOSP Orlando FL | 5500000-5549999 | 1076442 |
| NAVHOSP Jacksonville FL | 5550000-5599999 | 1076576 |
| NAVHOSP Pensacola FL | 5600000-5649999 | 1076561 |
| NAVHOSP Corpus Christi TX | 5650000-5699999 | 1676575 |
| NAVHOSP Millington TN | 5700000-5749999 | 1076969 |
| | 5250012-5272250 | ----- |
| NAVHOSP Roosevelt Roads PR | 6550000-6599999 | 2649782 |

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| <u>COLLECTION CENTER</u> | <u>NUMBER BLOCKS</u> | <u>FDA REG NUMBER</u> |
|-----------------------------------|------------------------|---------------------------|
| <u>PACIFIC AREA BLOOD SYSTEM</u> | <u>6000000-6259999</u> | |
| NAVHOSP Okinawa JA (PACOM) | 6000000-6099999 | 9611673 |
| NAVHOSP Guam | 6100000-6149999 | 9611740 |
| *NAVHOSP Subic Bay RP | 6150000-6199999 | ----- |
| NAVHOSP Yokosuka JA | 6200000-6249999 | 9611679 |
| BRHOSP Adak AK | 6250000-6259999 | 3022993 |
| | | |
| <u>EUROPEAN AREA BLOOD SYSTEM</u> | <u>6350000-6459999</u> | |
| NAVHOSP Naples IT | 6350000-6399999 | 9611160 |
| NAVHOSP Rota SP | 6400000-6449999 | 9611702 |
| NAVHOSP Sigonella IT | 6450000-6459999 | 9612480 |
| | | |
| <u>LHD (SHIPS) BLOCK</u> | <u>6650000-6709999</u> | |
| USS WASP | 6670000-6679999 | |
| USS ESSEX | 6650000-6659999 | |
| USS KEARSARGE | 6660000-6669999 | |
| USS BOXER | 6680000-6689999 | |
| | | |
| <u>BUMED CONTROLLED RESERVES</u> | <u>NUMBER BLOCKS</u> | |
| WABS BLOCK | 4350000-4499999 | |
| NABS BLOCK | 4800000-4999999 | |
| MABS BLOCK | 5300000-5499999 | |
| FABS BLOCK | 5750000-5999999 | |
| PACIFIC BLOCK | 6260000-6349999 | |
| EUROPEAN BLOCK | 6460000-6499999 | |
| ATLANTIC BLOCK | 6610000-6649999 | |
| GENERAL BLOCK | 6710000-6999999 | |

*Blood bank and blood donor center no longer active.

NAVY BLOOD PROGRAM
ABBREVIATIONS OR DEFINITIONS

AABB American Association of Blood Banks. Organization that establishes blood banking policies and practices considered to be standards of care.

ABO-Rh The blood group (A, B, AB, or O) and blood type (positive or negative).

AHG Antihuman Globulin. Blood bank reagent used to detect human globulins coating red blood cells.

AIDS Acquired immunodeficiency syndrome.

AMC Air Mobility Command. Air Force Specified Command. Responsible for moving blood from the ASWBPL to the theatre of operations.

ASBP Armed Services Blood Program. Formerly the Military Blood Program.

ASBPO Armed Services Blood Program Office. Coordinates the operation of the Armed Services Blood Program. Executive Agent is the Army. Offices located with the Army Surgeon General. Triservice, consisting of Director and two Deputy Directors (Operations and Modernization). Director's position rotates between services.

ASWBPL Armed Service Whole Blood Processing Laboratory. Operated by the Air Force but triservice staffed. During mobilization, responsible for receiving blood from the military or civilian blood programs and transporting overseas.

BRHOSP Branch hospital.

BUMED Bureau of Medicine and Surgery. Formerly the Naval Medical Command.

CINCLANTFLT Commander in Chief, U.S. Atlantic Fleet. A component command.

CINCPACFLT Commander in Chief, U.S. Pacific Fleet. A component command.

CINCUSNAVEUR Commander in Chief, U.S. Naval Forces, Europe. A component command.

COMSC Commander, Military Sealift Command.

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CONUS Continental United States. The 48 contiguous States.

CPD Citrate Phosphate Dextrose. Anticoagulant used in the collection of whole blood. The FDA has approved CPD blood for 21-day storage.

CPDA-1 Citrate Phosphate Dextrose Adenine-Formula 1. Anticoagulant used in the collection of whole blood. The FDA has approved CDPA-1 blood for 35-day storage.

DEPMEDS Deployable medical systems.

DoD Department of Defense.

DON Department of the Navy.

FABS Florida Area Blood System. One of four Navy CONUS area blood systems. Composed of NAVHOSP Jacksonville, FL (director); Orlando, FL; Pensacola, FL; Millington, TN; and Corpus Christi, TX.

FDA Food and Drug Administration. Department under the Secretary of Health and Human Services which licenses the collection and manufacture of blood and blood products.

GBL Government bill of lading.

GROUP O Blood group O.

GROUP A Blood group A.

GROUP B Blood group B.

GROUP AB Blood group AB.

HCT Hematocrit. The percent of red blood cells per volume of blood.

HIV Human Immunodeficiency Virus. Virus which causes Acquired Immune Deficiency Syndrome. Two types, Type 1 (HIV-1) and Type 2 (HIV-2).

LHA Amphibious Assault Ship (General Purpose). Class of ship carrying liquid and frozen blood. Includes USS TARAWA, USS SAIPAN, USS BELLEAU WOOD, USS PELELIU and USS NASSAU.

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LHD Amphibious Assault Ship (Multi-purpose). Class of ship carrying liquid and frozen blood. Includes USS WASP and USS ESSEX.

MABS Mid-Atlantic Area Blood System. One of four Navy CONUS area blood systems. Composed of NAVHOSPs Portsmouth, VA (director); Camp Lejeune, NC; Cherry Point, NC; Charleston, SC; and Beaufort SC.

MAP Medical Augmentation Program. Program used to identify and deploy medical personnel to mobilization platforms.

MCB Marine Corps Base.

MED-273 Code assigned to the Head, Navy Blood Program Management Office, Bureau of Medicine and Surgery. Responsible for the operation of the Navy Blood Program.

ML Milliliter. A unit of volume equal to one-thousandth of a liter.

MOU Memorandum of Understanding.

MSBOS Maximum Surgical Blood Order Schedule. Cumulative database of surgical procedures, the probability of blood utilization, actual blood utilization, and crossmatch requirements.

NABS Northeast Area Blood System. One of four Navy CONUS area blood systems. Composed of NATNAVMEDCEN Bethesda, MD (director); and NAVHOSPs Great Lakes, IL; Groton, CT; Newport, RI; Patuxent River, MD; and NAVMEDCLINIC Philadelphia, PA.

NACL Sodium chloride.

NATNAVMEDCEN National Naval Medical Center, Bethesda, MD.

NAVHOSP Naval Hospital. Naval hospitals located in the continental United States.

NAVMEDCEN Naval Medical Center.

NAVMEDCLINIC Naval Medical Clinic.

NMF Navy Management Fund.

NOBC Navy Officer Billet Code. Numerical code used to identify officers' professional expertise.

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OCONUS Outside the Continental United States. Outside the 48 contiguous states.

OPLANS Operational Plans. Plans developed by the unified commands for defense of either the entire theatre of operations or a specific area.

PWRMS Preposition War Reserve Materiel Stocks. Critical supplies which are prepositioned to preclude loss of capability due to failure of the industrial base.

SOL Solution. A liquid.

SOP Standard Operating Procedures.

T-AH Auxiliary Hospital Ship. Includes USNS MERCY and USNS COMFORT.

TAV Technical Assist Visit. An annual or predeployment visit by an area blood system director to LHAs and LHDs.

USNAVHOSP United States Naval Hospital. Naval hospital located outside the continental United States.

WABS Western Area Blood System. One of four Navy CONUS area blood systems. Composed of NAVMEDCEN San Diego, CA (director); NAVHOSP, Camp Pendleton, CA; NAVHOSP Twentynine Palms, CA; NAVMEDCEN Oakland, CA; NAVHOSPs Lemoore, CA; Bremerton, WA; and Oak Harbor, WA.



