

Supplies & Equipment

Sterile Wraps & Bag(s)

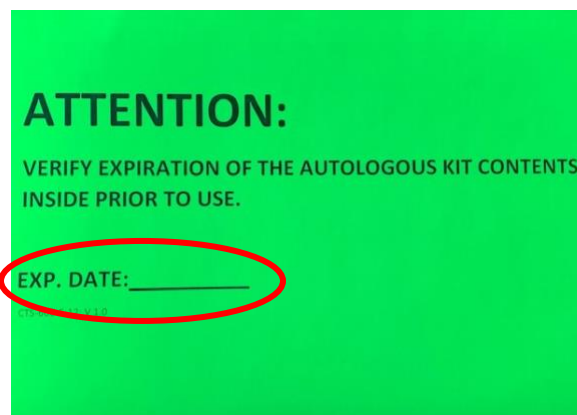
ID label

Ice & Ice Bag

Validated shipping box/container labeled with Autologous Tissue Return Label- Wet Ice

Acceptance Criteria

- 1.0 There are no patient-donor age limits for autologous tissue donation.
- 2.0 Donor suitability criteria is established and documented by the licensed physician caring for the patient-donor, not Community Tissue Services (CTS).
- 3.0 Tissue received by CTS must be properly labeled, correctly packaged, and be accompanied by a completed **Request for Storage/Processing of Autologous Tissue** form (CTS-600-F-02).
 - 3.1 The hospital staff is responsible for verifying the expiration date for the autologous tissue kit prior to use. A label, as shown below, will be on the outside of the shipping box and on the outside of the bag that contains the supplies, documenting the expiration date of the autologous tissue kit.



- 3.2 The hospital staff is responsible for the proper handling, wrapping, and labeling of the autologous tissue.

NOTE: In the event supplies are not readily available, hospital approved sterile supplies may be used for packaging purposes.
- 4.0 Identification of the donor is the responsibility of the hospital staff involved with the recovery of autologous donor tissue.
- 5.0 Obtaining informed consent for collection and storage of autologous tissue, along with maintaining the consent with the patient chart, is the responsibility of the hospital, not CTS.
- 6.0 Methods for perioperative autologous tissue collection and transplantation shall be safe, aseptic, and ensure accurate identification of the autologous tissue.

Autologous Tissue Handling Information for Hospitals

- 7.0 Hospitals must notify the tissue bank on all autologous donors at high risk for hepatitis or HIV.
- 8.0 Autologous donation should not be undertaken when the donor-patient has, or is being treated for bacteremia or other significant bacterial infection that can be associated with bacteremia, unless such cells and/or tissue will be secondarily sterilized prior to transplantation or treated in such a manner to minimize microbial infection.
- 9.0 CTS does not open any autograft even if irradiation is ordered. Irradiation will occur in the packaging sent by the hospital.
- 10.0 CTS has the right to refuse to store any tissue that does not meet the acceptance criteria.

Directions**1.0 Post Recovery Packaging:**

Immediately following recovery of the autograft, the tissue shall be individually and aseptically wrapped in a manner to prevent contamination of the contents, preserve cellular structure and viability, if desired, and to allow for aseptic delivery of the tissue at the time of storage, irradiation, if necessary, and re-implantation.

1.1 Bone (frozen storage):

Note: Do not wrap graft directly on absorbent material.

- 1.1.1 Insert the graft into a sterile bag/container.
- 1.1.2 Wrap the bag/container in sterile wrap.
- 1.1.3 Wrap again in a second sterile wrap.
- 1.1.4 Insert the wrapped graft into another sterile bag or container and tie off/ close the container.
- 1.1.5 Hand off to the circulating nurse.
 - 1.1.5.1 CTS suggest utilizing the read back method to assure correct patient and graft.

2.0 Labeling:

- 2.1 Complete CTS-600-F-01, Autologous Donor "For Autologous Use Only" label/tag.
- 2.2 Attach completed CTS-600-F-01 to the outside of packaging.

3.0 Transport/Packaging:

- 3.1 Fill the ice bag with a minimum of 10 pounds of wet ice. Place the wrapped/labeled tissue graft in a zip lock bag then place on top of the ice bag, in a validated shipping container, such as a box provided by CTS. Contact CTS if you do not have an autologous kit on hand.
- 3.2 All transportation boxes being shipped to CTS must be labeled with the following:
 - CTS-600-F-14, Autologous Tissue Return Label- Wet Ice

- Hospital name and address
- CTS name and address

- 4.0 Complete CTS-600-F-02, Request for Storage/Processing of Autologous Tissue form.
- 4.1 Place completed and ***signed*** form in a bag before putting it into the shipping box.
- 5.0 Seal the shipping box and contact CTS to arrange for delivery and retrieval of autologous donor tissue. Please be sure to contact the appropriate CTS Branch location.

NOTE: Be prepared to provide the following information: Your contact information. Patient DOB, MRN, Physician, and location to pick up.

- 5.1 **Community Tissue Services - Dayton, Ohio**
349 South Main Street
Dayton, OH 45402
1-800-684-7783 (Option 2)
- 5.2 **Community Tissue Services - Toledo, Ohio**
2736 North Holland-Sylvania Road
Toledo, OH 43615
1-800-684-7783 (Option 2)
- 5.3 **Community Tissue Services - Memphis, Tennessee**
1790 Kirby Parkway
Suite #130
Memphis, TN 38138
1-800-684-7783 (Option 2)
- 5.4 **Community Tissue Services - Fort Worth, Texas**
328 South Adams Street
Fort Worth, TX 76104
1-800-684-7783 (Option 2)
- 5.5 **Community Tissue Services - Philadelphia, Pennsylvania**
3573 Bristol Pike, Suite 201
Bensalem, PA 19020
1-800-684-7783 (Option 2)
- 5.6 **Community Tissue Services – Portland, Oregon**
16361 NE Cameron Boulevard
Portland, OR 97230
6 AM – 6 PM: 1-503-408-9394
Non-Business Hours: 1-503-808-7000

- 6.0 Ensure the tissue has been picked up and/or delivered to CTS.

7.0 Miscellaneous

7.1 **Cultures:**

7.1.1 If cultures are obtained at time of recovery, those cultures are to be sent to the hospital laboratory.

7.1.2 Culture results are to be returned directly to the physician, not CTS.

NOTE: CTS does not perform cultures. CTS will not handle or process cultures.

7.2 **Expiration Dates:** Frozen autologous donor tissue expires 2 years from the date of recovery and will be discarded.

NOTE: If continued storage is requested, it can be stored for up to 2 additional years. A storage fee will be charged to the hospital with this request.

8.0 At the request of a hospital, pre- assembled autologous kits and applicable documents will be provided to those facilities for which a signed contract is on file.

9.0 In the event you are in need of the applicable documents, they can be printed from the following link: <http://www.communitytissue.org/healthcare-professionals/autologous-program/>

10.0 Upon request, CTS will provide the requesting facility information regarding the status of the autologous tissue as needed.

END

Autologous Tissue Handling Information for Hospitals

Applies To:	CTSP, CTSD, CTSNWT, CTSMST, CTSPEN, CTST, CTS Website
Review/Approval Requirements:	COO, Executive Director (Recovery), QRA

REVISION TRACKING			
Rev #	Explanation of Changes <i>(include what changed including reason, when applicable)</i>	Change Initiated By	Implementation Date
Rev 00	Formerly TB Form 96	HRM	5-27-11
Rev 01	Cartilage removed from document	HRM	10-28-11
Rev 02	Add contact information for each Branch and add Website information. See CO110140	NZ	3-23-12
Rev 03	Add contact information for CTS-Penn	HRM	1-25-13
Rev 04	FILE ONLY - Added CTSPEN to Applies To section. See NCR SM-018-13.	LC	6-28-13
Rev 05	Formerly TR-701-JA-02. Updated TR-701-F-02 to CTS-600-F-02. Updated TR-701-F-01 to CTS-600-F-01. Removed CTSP from Applies To section as they will have their own JA. Removed all of 1.2 and 1.3. Removed any part throughout the JA regarding skin and parathyroid tissues. Added 9.0 and 10.0 under Acceptance Criteria. Added 10.0 under Directions.	NJ	8-22-14
Rev 06	In Applies To section - changed "Hospitals that recover Autologous tissue" to "CTS Website". Removed Transfusion Safety Director from Review/Approval Requirements as it no longer applies.	PJS/lac	9-26-14

Autologous Tissue Handling Information for Hospitals

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VERSION TRACKING				
Version #	Explanation of Changes <i>(Describe and justify the change)</i>	Type of Training Needed <i>(File Only OR Review Document OR Review and Training)</i>	Change Initiated By	Implementation Date
1.0	Initial upload to SharePoint	Review and Training	eSOP Team	4-13-15
2.0	Updated "Applies To" section to be "All CTS Branches (Recovery and Distribution) except for Boise and Medford"; Added CTS-P address and phone numbers to step 5.8 in "Directions" Section; this obsoletes CTS-600-JA-03. Removed address for CTS-Indiana.	Review Document	K. Patrick L. Carolus	8-21-15
3.0	Updated address for CTS-California. Updated all branch locations to utilize the same 800 number for customers to call for autologous tissue, with the exception of Portland	Review Document	R. Santoro	10-28-16
4.0	Add note under 1.1. Also added 1.1.5.1 as a step and update 5.1 through 5.7 call options.	Review Document	RLC	12-28-18
5.0	Under Acceptance Criteria, renumbered and added verbiage in 3.1. Updated supply to "validated" shipping box/container. Updated verbiage in Acceptance Criteria 9.0, Directions 1.0, Transport/Packaging 3.1, Miscellaneous 7.1.1 and added NOTE. Per CO190095	Review Document	NJ	7-19-19
6.0	Revised 3.1 of "Directions" to allow for a validated shipping container provided by the sending facility per OTB-033-19.	Review Document	A Young	9-6-19
7.0	Removed CTS-Fresno contact/location information from 5.0. Added NOTE under 5.0. Updated verbiage to the Supplies and Equipment section. Updated the Applies To and Review/Approval Requirements sections. Added reference to CTS-600-F-14 under 3.2 and updated verbiage in 3.1 under Transport/Packaging. Updated verbiage to 7.2 and added note. Updated phone number in 5.6 for the 6AM-6PM hours. Added note to 3.2. Updated verbiage to 4.1.	Review Document	N. Jackson	7-30-21