Appendix 3: Example Memorandum of Understanding (MOU):

Memorandum of Understanding

for the

Transfer of blood and blood products between the below listed health providers

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

<ENTER HOSPITAL OR PATHOLOGY SERVICE (PROVIDER)>

1. Participating Hospitals or Pathology Services

The Memorandum of Understanding (MOU) is endorsed by the [e.g. Senior Haematologist/ Senior Scientist/ Laboratory Manager] from each participating facility. The signatories agree to abide by the contents of this MOU.

<Enter Hospital or Pathology Service (Facility)>

Signature_____

Name_____

Position_____

Date_____

<Enter Hospital or Pathology Service (Facility)>

Signature_____

Name_____

Position_____

Date_____

<Enter Hospital or Pathology Service (Facility)>

Signature_____

Name_____

Position_____

Date_____

<Enter Hospital or Pathology Service (Facility)>

Signature_____

Name_____

Position_____

Date_____

<Enter Hospital or Pathology Service (Facility)>

Signature_____

Name_____

Position_____

Date_____

<Enter Hospital or Pathology Service (Facility)>

Signature_____

Name_____

Position_____

Date_____

2. Contacts

<ENTER HOSPITAL OR PATHOLOGY SERVICE (FACILITY)>

List names, position, contact

List names, position, contact

<ENTER HOSPITAL OR PATHOLOGY SERVICE (FACILITY)>

List names, position, contact

List names, position, contact

<ENTER HOSPITAL OR PATHOLOGY SERVICE (FACILITY)>

List names, position, contact

List names, position, contact

<ENTER HOSPITAL OR PATHOLOGY SERVICE (FACILITY)>

List names, position, contact

List names, position, contact

<ENTER HOSPITAL OR PATHOLOGY SERVICE (FACILITY)>

List names, position, contact

List names, position, contact

<ENTER HOSPITAL OR PATHOLOGY SERVICE (FACILITY)>

List names, position, contact

List names, position, contact

3. Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish cooperation between the above signed health providers for facilitating blood and blood product transfer arrangements between identified facilities. The MOU relates to *Managing Blood and Blood Product Transfers.*

The intention for this MOU is to:

- Assist in the reduction of blood and blood product wastage due to expiry or non-use through the transfer of blood and blood products before expiry to enhance the likelihood of usability.
- To provide a uniform process for the transfer of blood and blood products between the participating facilities.
- To ensure that acceptable temperature ranges for blood and blood products are maintained and are demonstrable during storage and transportation.
- That AS3864 compliant blood refrigerators are used for the storage of blood.
- To provide a uniform process for tracking transferred blood and blood products.

4. Coordination

The original document and technical and administrative coordination of this MOU will reside with <enter facility name and contact details>.

The coordinator will be responsible for the MOU and will communicate with all participating health providers on the activities conducted and information related to the MOU.

5. Definitions

Sending Health Provider: the health provider that is transferring blood and blood product out of their site.

Receiving Health Provider: the health provider that has agreed to receive the blood and blood product transfers into their site.

Blood product approaching expiry: any product shipped should not have less than the following remaining of the shelf life, unless specifically agreed to by participating health providers in this MOU or in special situations;

- 7-14 days for red blood cells,
- > 5 days before expiry for irradiated blood cells,
- 24 hours or as short as agreed to with the receiving site before expiry for platelets,
- 1-3 months before expiry for manufactured blood products.

6. Memorandum of Understanding Review

< Identify the MOU review responsibilities and timeframe>
For example:

- Review timeframe is every two years,
- Responsibilities include a review of;
    - updated accreditation documents and Australian Standards,
    - MOU participant inventory holdings and blood and blood product usage patterns,
    - inclusion of additional health providers,
    - <list review responsibilities as agreed>.

7. Implementation

Roles and Responsibilities of participating health providers

7.1. Responsibilities for all MOU Participants:

Participating health providers are responsible for following the guidance outlined in *Managing Blood and Blood Product Transfers* including the following:

- Maintaining standards and accreditation, where appropriate.
- Meeting all necessary standards and legislation for the storage, handling and transport of blood and blood products as outlined in *Managing Blood and Blood Product Transfers*.
- Participating health providers will ensure that blood components are handled, stored, distributed and transported in a manner that prevents damage, limits deterioration, and meets required standards.
- <Enter additional responsibilities agreed by the participating health providers>

7.2. Sending Health Provider

The sending health provider must: <Identify sending site responsibilities>

For example:

- Contact receiving provider for approval prior to transfer, minimum timeline agreed to is <enter agreed minimum time> hours before arrival of transfer.
- Ensure blood and blood products must have the minimum agreed specified time to expiry as per Section 5. Definitions, unless explicit agreement is acknowledged from receiving site.
- Enter transfer into BloodNet (where applicable).
- Enter transfer into your Laboratory Information System (LIS) (where applicable), or manually log where no laboratory is onsite.
- Visually inspect all products prior to transferring.
- Comply with agreed packing and shipping configuration, specifically:
- <enter agreed validated packing configuration>.
- Include the transfer checklist with either the transfer receipt from BloodNet, OR the Blood and Blood Product Transfer Form (Appendix 6).

- For sites without a laboratory include the following documentation as agreed;
    - completed Blood Fridge Maintenance Record form, OR
    - completed paperwork outlining the daily storage temperature checks of the blood fridge or storage area, AND
    - a photocopy of the objective graph recorder from the blood fridge, OR
    - information from the health provider responsible for maintain the blood fridge with temperature records, maintenance records or signed declaration.

7.3. Receiving Health Provider

The receiving health provider must: <Identify receiving site responsibilities>

For example:

- agree to receive the transferred blood or blood product;
- review your current inventory and routine stock orders to account for expected transfers in;
- inspect all packaging of received blood and blood product and do not accept the transfer unless it is intact and packed according to agreed validated shipper configuration;
- document the time and date the product was received;
- document evidence that manufacturer's temperature specifications have been maintained. If in doubt, quarantine all products until storage, packing and transport conditions can be verified;
- check temperature data logger, if used;
- visually inspect all blood and blood products received;
- record transferred in units into your LIS;
- complete all other documentation as required e.g. Group check if transferred from a non-laboratory setting;
- maintain record of product received by transfer.

8. Transport Logistics

<Enter transport logistics as agreed by the participating health providers>
For example:

- The agreed packing configuration is as per the Blood Service Validated Shippers.

  Refer to:

    - *Receipt and Use of Blood Service Shippers by External Institutions to Transport Blood and Blood Products,*
    - *Transport Times*,
    - *Transportation of blood components and fractionated products*. OR
- The agreed packing configuration is <enter agreed validated packing configuration>.
- Data loggers or temperature monitoring must be used when transport is outside validated shipper times.
- The agreed transport method is:
- <Enter agreement for courier/transport method>,
- <Enter agreement for courier/transport cost>.