

Clinical Process Instruction Manual

Intermediate Tissue Storage Process Instruction

Policy:

From time to time it may be necessary to temporarily store recovered tissue, blood samples or microbiology until arrangements for shipping can be made. Trillium Gift of Life Network (TGLN) has one fridge dedicated to the storage of quarantined recovered tissue, blood samples and microbiology samples. The fridges allow for tissues and samples to be stored at wet ice temperatures without the need for ice. Temporary storage of recovered tissue shall be in conformance with storage temperature and monitoring expectations provided by the tissue bank responsible for processing the tissue and in compliance with the *American Association of Tissue Banks (AATB) Current Standards for Tissue Banking*. Tissue storage areas are restricted access, and labelled as authorized personnel only as per Health Canada's *Safety of Human Cells, Tissues and Organs for Transplantation (CTO) Regulations*.

Recovered tissue shall be delivered as soon as possible post-recovery and stored in the validated coolers filled with ice if temporary storage is required. Skin and heart for valves shall not be removed from their coolers and placed in the TGLN fridge.

Quarantine tissue storage areas including storage areas within fridges or other storage equipment shall be physically separated and clearly labelled as quarantine.

Process:

1. This process is described by detailing the requirements and steps taken for temporary storage of tissue and samples.
2. Tissue shall be physically segregated in a container within the fridge to avoid contamination, cross-contamination, and mix-ups. The quarantine tissue fridge has labelled shelves and bins for each of the tissues, blood specimens and microbiology specimens. Quarantine areas for each type of tissue shall be clearly labeled and tissues from different donors physically separated from each other in individual bags or containers.
3. Tissues, blood and microbiology samples shall be labelled with the tissue/sample type, TGLN number and date/time of collection. See Exhibit 1.
 - 3.1. Additionally tissue shall be labelled "Quarantine, Not Suitable for Transplant in its Current Form" before placing tissues in the fridge.
 - 3.2. Blood and microbiology samples shall be stored either in a biohazard bag intended for storage of these types of samples, or the designated storage container (validated Styrofoam container or jar as provided by the receiving banks).

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- 3.3. Ensure any required forms or requisitions required to accompany the tissue or specimens are present and accounted for.
4. Tissues and samples shall be placed in the designated storage area of the fridge.
5. Temporary storage location and conditions shall be documented in the donor chart.
6. In case of fridge alarm or routine temperature monitoring reveals a fridge malfunction, follow documented process instructions in *Transferring Tissue or Refrigerated Supplies in Response to a Refrigerator Malfunction, CPI-9-537*.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Temporary Quarantine Inventory Tissue, Blood, and Culture Samples	CSF-9-148	PRC	PRC	16 Years

References:


- *Transferring Tissue or Refrigerated Supplies in Response to a Refrigerator Malfunction, CPI-9-537*.
- *Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. D6.000, D6.100, D6.200, E3.330, and E3.340.*

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Exhibit 1: Temporary Quarantine Inventory Tissue, Blood, and Culture Samples

CSF-9-148



Ontario
Trillium Gift of Life Network

Temporary Quarantine Inventory Tissue, Blood, and Culture Samples

Fridge #: _____ Sheet Start Date: _____

Product Type	TGLN#	Location in Fridge	Date	Comments
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				
<input type="checkbox"/> Tissue <input type="checkbox"/> Blood <input type="checkbox"/> Culture <input type="checkbox"/> Other				

Sheet End Date: _____

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