## **Background Information Regarding the ISBT Label**

## **Useful References**

- 1. <u>Guidance for Industry: Recognition and Use of a Standard for Uniform Blood and Blood</u> Component Container Labels 9/22/2006
- 2.United States Industry Consensus Standard for the Uniform Labeling of Blood and Blood Components Using ISBT 128 9/22/2006
- 3. ISBT Label Checklist for Licensed Establishments

In the following table, we are providing blood establishments with correct ISBT label information to expedite the review process where we anticipate potential errors in labeling submissions. Please use this table to make necessary corrections to labeling before submitting to CBER labeling for approval.

## **Common Errors found in ISBT Label Submissions**

Item	Incorrect	Correct	Guidance Document Reference Ref #1
Abbreviated legal name	Community Blood Bk of E. Anytown, Inc.	Community Blood Bank of East Anytown, Inc.	
Full legal name is not present on label	Blood Bank	Blood Bank, Inc.	Pg. 27
No license number on label		US License Number 9999	Pg. 27
Divided Units	Nothing present in code. For example: E4520V00	On divided units the code should have an A, B, or C indicating divided (E4520VA0) but additionally the term Divided should be on the label in the attribute line.	Pg. 18 - 19
Bacterial Monitoring	APHERESIS PLATELETS LEUKOCYTES REDUCED	Bacterial monitoring translates to 7d on the label APHERESIS PLATELETS – 7d LEUKOCYTES REDUCED	Pg. 75
Collection Date on products with no expiration date or Recovered Plasma	No collection date	The collection date goes in the upper left quadrant of the label if applicable	Pg. 28
Expiration Date and Time on products that are NOT time dependent	22 Jan 2005 2359	22 Jan 2005 Note: The hour should not be displayed if time >72 hours.	Pg. 15
Plasma Frozen ≤ 24 hours	Frozen within 24 hours <b>of</b> phlebotomy	Frozen within 24 hours <b>after</b> phlebotomy	Pg. 74-75
Donor Identification Number	Incorrect facility code used	Correct facility code	Pg. 27
Donor Identification Number	If firm uses "doing business as name" to	Facility code must match the legal name not dba	

	. 1 .1 .0 .11. 1		
	match the facility code	name	
Donor Identification	Font size and prominence	Same font size	Pg. 27
Number	are not the same	throughout the entire	
	throughout the entire	number	
	number		
Rx Only	Rx Only. or Rx ONLY.	Rx Only	Pg. 27
	Rx ONLY or Rx only	Rx Only	Pg. 27
	RX ONLY	Rx Only	Pg. 27
Degree symbol in the	1 − 6°C	1 – 6 C	Pg. 29
temperature			
Periods after	Approx. or mL.	Approx or mL	Pg. 51-53
abbreviations			
Periods after	Store at 1 to 6 C.	Store at 1 to 6 C	Pg. 51-53
temperature and	From 500 mL CPD	From 500 mL CPD	8
anticoagulant statements	Whole Blood.	Whole Blood	
Legal name in all capital	BLOOD BANK, INC.	Blood Bank, Inc.	Pg. 27
letters			18. = 7
Firm's city in all capital	ANYTOWN	Anytown	Pg. 27
letters		1 111 00 11 11	18. = 7
Hash marks through	Ø	0	
zeros			
Extra zeroes in numbers	023mL	23mL	
Extra zeroes in numbers	02311112	2311112	
Autologous statement	for AUTOLOGOUS use	FOR AUTOLOGOUS	Pg. 15, 30, 48
Tracelogous statement	only	USE ONLY	19. 15, 50, 10
Biohazard statement in	BIOHAZARD	BIOHAZARD	Pg. 15, 30, 48
different font	FOR AUTOLOGOUS	FOR AUTOLOGOUS	18.10,00,10
	USE ONLY	USE ONLY	
Caution statement in	See circular of	See Circular of	Pg. 27
different font sizes or	information for	Information for	18.27
Circular of Information	indications,	indications,	
not capitalized	contraindications, cautions	contraindications,	
not capitanzea	and methods of infusion.	cautions and methods of	
		infusion.	
Period after Properly	Properly Identify	Properly Identify	Pg. 40
Identify Intended	Intended Recipient.	Intended Recipient	5. 10
Recipient	Interided Recipient.	monded Recipient	
Lower Right Quadrant	Facility name,	This quadrant should be	Pg. 31
Lower Kight Quadrant	registration number and	blank unless the firm has	1 g. J1
	license number	further manufacturing	
	Heelise Hullioei	done by another facility	
		then that facility	
		information should be	
Equility information in	Collected and Draggers	present Nothing ramaya	D <sub>0</sub> 27
Facility information in	Collected and Processed	Nothing – remove	Pg. 27
upper right quadrant	by:	statement	

## **Optional Statements on Labels:**

Item	Comment	Guidance Document
		Reference, if applicable
Cryoprecipitate Labels	The standard does not address	Pg. 53 shows label without
	putting the statement "From 500	verbiage
	(or 450) mL Whole Blood" on	-
	the label but this is acceptable if	
	the code states it is from Whole	
	Blood – code dependent	
Residual Leukocyte Count	The residual leukocyte count	Pg. 73
	should be written with a	
	superscript only. The firm may	
	NOT use the carrot top with a	
	regular 6 or the notation e in	
	front of the 6. If printed, this	
	should be below the storage	
	temperature.	
mEq statement on Codabar labels	This statement does NOT go on	
for AS RBCs	ISBT labels.	
Properly Identify Intended	This statement is approvable if it	
Recipient	is in all capital letters as follows:	
	PROPERLY IDENTIFY	
	INTENDED RECIPIENT	
Facility Name and Address	It is approvable for the facility	Pg. 28
	information to contain the street	
	address, zip code or a phone	
	number in the upper left	
	quadrant. Per the guidance	
	document only the city and state	
	are required.	