

ISBT 128 Implementation for Hospitals: Receiving and Re-Labeling

A number of hospitals have recently contacted AABB because of a scenario where the hospital will be capable of scanning and receiving ISBT 128-labeled units into inventory; however, the software module that would allow the hospital to re-label those units following a component modification has been delayed.

If the hospital can implement a work alternative that will result in the application of a label in ISBT 128 symbology to the unit, the hospital does not need to request a variance. Examples of this include the use of pre-printed labels or the use of stand-alone printers that can print ISBT 128 labels.

For example, facilities have the option of developing an internal process to reflect the modification to the component by changing the unit number rather than the product code. This can be accomplished by adding a suffix to the unit number (for example W0000 08 123456 **A**), rather than indicating the division or modification in the product code. This work-around allows the facility to apply ISBT 128 labels to modified products and does not require a variance.

If the hospital cannot implement a work alternative and wishes to re-label the modified unit in anything other than ISBT 128 symbology, such as Codabar, the hospital is required to submit a variance to AABB, even if the units will not leave that facility.

Most ISBT 128 computer systems are backwards compatible — that is, the systems can read and interpret Codabar labels as well. However, older systems may read and interpret only Codabar. Therefore, it makes sense for receiving facilities to use ISBT 128-compatible systems as soon as practical; work-arounds for re-labeling of products can provide an effective way to meet the intent of the standard in the short term and will help promote uniformity in labeling practices during this transition period.