Sanford Health Policy Laboratory Fargo Region Phlebotomy/Processing:	SPECIMEN LABELING 4.65
	APPROVED BY: PHYSICIAN, PRINCIPAL LABORATORY SPECIALIST
DATE REVIEWED/REVISED: 12/07/2016	**FORMULATED BY:** MANAGER, LABORATORY

SCOPE: Sanford Fargo Region - All Sites EXCEPT Fargo Medical Center Broadway, South University Point of Care, Home Health Care, Occupational Health, Edgeley Clinic, Wheaton Medical Center

POLICY:
All specimens submitted to the Sanford Health North Laboratory for analysis must follow the Joint Commission National Patient Safety Goals. These goals require the following:

1. Specimens are labeled in the presence of the patient at the point of collection.
   - In the case of timed labs, the specimen collection container should be labeled at the time of dispensing to patient.
2. The specimen label contains two independent patient identifiers:
3. Collection date and time
4. Method to identify the individual who collected the specimen.

Specimens that are non-labeled or have illegible labels or do not contain the two patient identifiers cannot be accepted for testing. Specimen recollection will be requested. Specimens that can not be recollected (irreplaceable specimens) will be tested if determined acceptable by the testing department lead medical technologist and/or on-call manager (see link CRITERIA FOR REJECTION OF SUBOPTIMAL SPECIMENS 2.30). The report will be amended with a caveat specifying that the specimen was not able to be properly identified and those results must be interpreted with caution.

Labels for future tests or extra labels of any sort should not be stored in the patient's room.

Specimen identification is maintained throughout the testing process by the use of a barcoded label or a hand-written unique identifier (e.g. specimen ID number) on the tube/container.

PURPOSE:
To ensure that all specimens are properly labeled for accurate and timely laboratory results.

PROCEDURE:

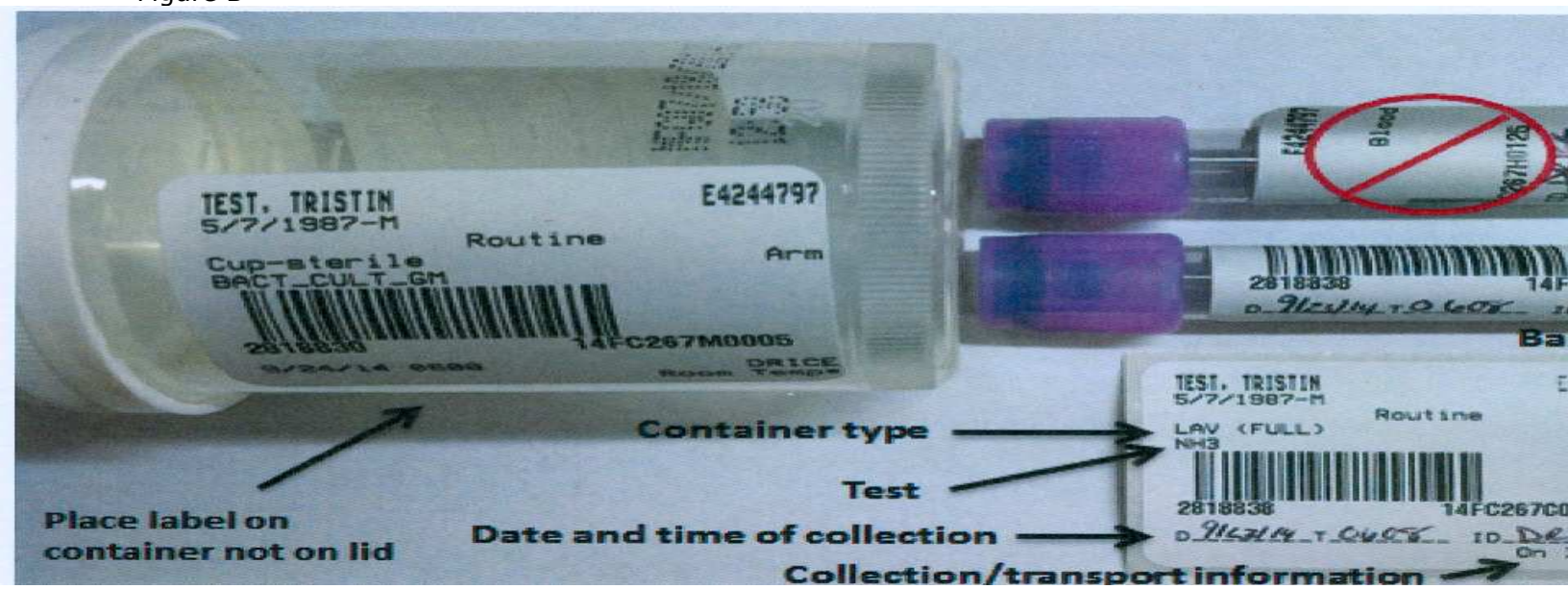
1. **Laboratory label available at the time the specimen is collected (if label is not available see procedure 2.)**
   A. The Laboratory Information System (LIS) will generate appropriate labels needed for test(s) requested for the order entered. Note: Inpatients in Fargo: Label generation occurs at the patient bedside once the patient armband is scanned (see Patient Identification and Wrist Band Identification in Policy Tech).
      - The labels printed will include the following label type:
        - Patient Information Label (Figure A):

   B. The LIS Label will be **verified** that it is for the correct patient by the person drawing the specimen.
   C. After collecting the specimen, write your name and the collection date and time on the LIS labels. **Do not write across or under the bar-coded portion of the label. Write as indicated in**

Figure A.

D. The specimen will be **labeled in the presence of the patient** at the point of collection. Collection Labels are placed:
   - on the appropriate tube or container (verify tube/container type with label) See BLOOD COLLECTION REFERENCE 4.65.A01.
   - over the paper tube label for blood collection tubes, over smiley faces on blood culture bottle
   - oriented with the stopper on left
   - with label flush with base of the stopper
   - to enable the specimen level to be visible through the container wall

Figure B



E. **Include all extra labels with specimen in the biohazard bag.**
   Exceptions:
   1) 3 mL size: Place barcode label with left side at the top of the tube. Make sure the blood level is visible.
   2) Microtainer tubes: Attach a label to each tube making sure that no adhesive is exposed.

2. **Alternatives for labeling specimens without a Laboratory generated label**
   - An EMR (ADT) label may be generated and used to label specimens.
   - Specimens submitted without LIS generated labels must be accompanied by a requisition form, order verification form, or down time form. (See LABORATORY COMPUTER DOWNTIME PROCEDURE 15.30.)
   - Alternative labeling in the presence of the patient may include:

   A. Legible hand printed patient name and DOB written in indelible ink on the specimen container (not the lid), tape or a blank label.
   If an LIS label is generated after the specimen has been labeled via handwritten, the label should be placed on the container so that the original information that was handwritten on the tube is still visible. The person that collected the specimen must then add to the LIS label the Date/Time of collection and the initials of the collector.

   B. Registration/Patient Stamper or generic labels may be used for those areas such as OR, Cath Lab, and ambulatory care that are unable to generate LIS labels.
   NOTE: Be sure to include Source/Site for Microbiology and Pathology specimens.

3. Confirm patient identification at the time of collection per "Patient Identification and Wrist Band Identification - Enterprise" found in Policy Tech. Neonate, newborn and pediatric patients: see policy "Newborn Identification and Security found in Policy Tech.
4. **Trauma Patient Identity Unknown** (In Thief River Falls, this also applies to Orange Alerts)

A. ER will assign a temporary designation.
B. Label tubes with the following:
   1) Temporary designation
   2) Date/time
   3) Collector's initials
   4) Typenex Blood Recipient Identification Stickers

NOTE: If LIS computer labels are not used, a requisition must accompany the specimens to the laboratory.

5. **Outpatient Blood Bank Specimens:** Attach numbered orange stickers from Typenex Blood Recipient Stickers to Transfusion Services (PNK) tube and send all remaining orange numbered stickers with the specimen in the biohazard bag.

The labels and armband must be used at the time of specimen collection.

See CRITERIA FOR REJECTION OF SUBOPTIMAL SPECIMENS 2.30**.**

Labeling Specimens 101

Labeling secimens requires care and attention to detail to ensure your patients receive accurate and timely lab results. Label your specimens using the following helpful hints:

- ***Label the specimen in the Presence of the Patient:*** All specimens submitted to the Sanford Health Laboratory for analysis must follow the Joint Commission National Patient Safety Goals. These goals require the following:
  1. Specimens are labeled in the presence of the patient.
  2. The specimen label contains two unique patient identifiers:
     A. Collection date and time
  3. Method to identify the individual who collected the specimen.
- ***No Pre-labeling:*** Never pre-label a specimen slide or container. Pre-labeling has been found to be a cause in mislabeling patient's specimen.
  - Exceptions: Timed labs such as Occult bloods, 24 hour urines, the collection container should be labeled when dispensing collection container.
- ***Place the label so that it cannot become unlabeled:*** Never place labels on lids - Once the lid is off, the specimen becomes "un-labeled." Never place labels on the biohazard bag or package sheath that the specimen is in. Again - once the specimen is removed, the specimen becomes "un-labeled."
- ***Remove labels from your pockets and from patients rooms:*** Carrying labels in your pockets and leaving labels in patients room after they have been discharged or transferred is an easy way to label a specimen with the wrong patient label.
- ***Alternative Labeling:*** If a lab label is not available at the time the specimen is collected refer to the lab labeling policy for an alternative labeling method. An easy alternative is to legibly hand print the patient name and DOB in indelible ink on the specimen container (not the lid), tape or a blank label in the presence of the patient. Also include the collection date and time as well as the collector's ID.
- ***Place the Bar Coded Lab Label with Care:*** Collection Labels are placed:
  -on the appropriate tube or container (verify tube/container type with label). See Blood Collection Reference and Figure B.
  -over the paper tube label for blood collection tubes
  -oriented with the stopper on left
  -with label flush with base of the stopper
  -to enable the specimen level to be visible through the container wall

see BLOOD COLLECTION REFERENCE 4.65.A01 list

** For additional criteria for rejection, see policy CRITERIA FOR REJECTION OF SUBOPTIMAL SPECIMENS 2.30

REFERENCE:

1. The Joint Commission National Patient Safety Goals, http://www.jointcommission.org/

ATTACHMENTS:

1. CRITERIA FOR REJECTION OF SUBOPTIMAL SPECIMENS 2.30
2. BLOOD COLLECTION REFERENCE 4.65.A01
3. Patient Identification and Wrist Band Identification- Enterprise
4. Patient Identification - NICU