TITLE: Specimen Labeling and Identification

I. Purpose/Expected Outcome:
   A. To ensure patient safety, all specimens will be labeled in the presence of the patient and with at least two patient identifiers.

II. Definitions:
   A. N/A

III. Policy:
   A. Specimens must be labeled at the time of collection, in the presence of the patient.
   B. Each specimen submitted to the laboratory must be labeled with the following information:
      1. Patient’s First and Last Name
      2. Patient’s Date of Birth (DOB)
      3. Date specimen was obtained
      4. Time specimen was obtained
      5. Initial of person obtaining specimen
      6. Source, if applicable

IV. Procedure/Interventions:
   A. Prior to collecting the sample, verification of the patient’s Name and DOB is done.
   B. After collection of the sample, and in the presence of the patient, a label is placed on the container (not the lid) with the patient’s first and last name, DOB, date and time of collection, collector’s initials and source of applicable.
      1. Pre-labeling of a specimen can be done on a patient specific basis, with confirmation from the patient of correct name and DOB, and in the presence of the patient.
      2. Once the sample is collected the label is completed. Add the date, time, initials of the collector and source, if applicable.

V. Specimen Rejection Guidelines:
   A. Incorrect information on the label.
   B. No label on specimen.
   C. Specimen was collected in the wrong container, i.e., non-sterile container when a sterile container was required.
D. Specimen not brought to laboratory promptly after collection (see individual specimen requirements provided by the laboratory)
E. Badly leaking containers or obvious external contamination of the container, i.e., stool/urine or obvious contamination of specimen.
F. Use of the wrong anticoagulant, preservative or specimen collection device.
G. Container label information and information on requisition do not match.
H. Inadequate volume of sample.
I. Specimens that are clotted and therefore unusable.
J. Hemolyzed specimens. The technologist should refer to the individual procedures to identify interference from hemolysis. Determine the degree of hemolysis and, if it does interfere with the test, attempt to obtain a repeat specimen. If the physician insists that tests be performed on the original sample, note in comments in the results that the specimen was hemolyzed and tests were performed at the request of the physician.
K. Due to the significant patient safety risk, re-labeling of blood bank specimens used to provide blood products will not be permitted.
L. **Guidelines for exceptions:**
   1. Specimens submitted, but that are not suitable for analysis and are not described within this policy, may be accepted or rejected by the technologist receiving the specimens. Sound judgment should be used in this decision with personal safety and quality control considered foremost.
   2. Examples of, but not limited to, specimen types identified in this procedure or through agreement between the physician and pathologist that cannot be recollected without additional risk to the patient.
      a. Blood specimens involving special endocrine stimulation studies where patient preparation includes dosing the patient prior to collection.
      b. Cerebral Spinal Fluid
      c. Synovial Fluid
      d. Pleural Fluid
      e. Peritoneal Fluid
      f. Amniotic Fluid
      g. Supra-Public Fluid
      h. Catheter tip
      i. Aborted Fetal Material
      j. Products of conception
      k. Bone Marrow
      l. Bronchial Wash
      m. Surgical or tissue specimens for Pathology or Microbiology Cultures
      n. Pre-antibiotic Microbiology cultures where antibiotic therapy has begun
      o. Intra-abdominal or intra-thoracic blood from radiology guided collection
      p. Meconium stool
      q. Cell Saver Fluid
      r. Fetal Fibronectin
      s. Semen Analysis
   3. Exceptions to allow the collecting staff to label or re-label specimen may be made by the pathologist, lab supervisor or designee.
   4. The person who collected the specimen will come to the lab to label or re-label the specimen after the specimen was sent to the lab. Laboratory staff is not allowed to label specimens unless they collected the sample.
   5. If relabeling is allowed and testing takes place, a free text remark will accompany the result on the lab report. See three typical free text remarks to be used below. These remarks will be added to the patient’s result because the medical record needs to be an honest accounting of the lab
testing event. Moreover, mislabeled, unlabeled and under labeled specimens will be
differentiated in the medical record from properly labeled specimens because the results of
problematic specimens are not as reliable as those from properly labeled specimens.

a. Specimen received mislabeled and run at the request of the care provider.
b. Specimen received unlabeled and run at the request of the care provider.
c. Specimen received with one identifier and run at the request of the care provider.

6. Specimens that cannot be processed as requested, and physician is unattainable, will be preserved
to maintain integrity.

7. Lab staff will complete and occurrence report and note in the rejection log.

M. Rejected specimens will be disposed of after an acceptable specimen is recollected.

N. Communication/Feedback:
   1. The specimen collector will be notified immediately when a specimen is rejected, and all attempts
      should be made to recollect.
   2. If an acceptable specimen cannot be obtained, the physician will be notified of the rejection. The
      physician can then decide what further action should be taken.

VI. Procedural Documentation:
A. N/A

VII. Just Culture:
A. Department managers will use the Just Culture Algorithm when assessing duty to follow a procedure
   or rule.

VIII. Additional Information:
A. N/A

IX. References:
A. JCAHO National Patient Safety Goals, Current Edition
B. Standards for Blood Banks and Transfusion Services, Current Edition
C. College of American Pathologists Accreditation Checklists
D. Wager EA, Stankovic AK, Raab S, Nakhleh RE, et.al. Specimen labeling errors: a Q-probes analysis

X. Other Related Policies/Procedures:
A. Intravenous Therapy: Peripheral IV Therapy Practice Guideline for Nursing and Allied Health
   #12710
B. Intravenous Therapy: Central Venous Catheter (CVC) and Peripherally Inserted Central Catheter
   (PICC) Nursing and allied Health Practice Guideline #12322
C. Patient Identification #5941
D. Perioperative Services: Surgical Specimens #12459

XI. Keywords and Keyword Phrases:
A. Blood
B. Specimen
C. Collection
D. Lab
E. Labeling
F. Rejection
XII. Appendix:
   A. N/A