Specimen Rejection Policy

Specimens may be rejected for factors such as labeling/ patient identification (ID) errors, incorrect time of draw, delay in testing, inappropriate tube type, etc. An event report will be filled out to document rejected specimens.

Inadequate Blood for Correct Anticoagulant/ Additive-Blood Ratio

The amount of additive placed in a tube is intended for a certain volume of blood. If less blood than required is drawn, the excess amount of additive may adversely affect the accuracy of test results (eg, Coagulation testing).

Clotted Specimen

Specimens collected in anticoagulated tubes **cannot** be clotted, as that will affect test results (eg, CBC, Coagulation testing).

Improper Tube/Specimen Type

An incorrect tube additive can interfere with the analyte being assayed. Additionally, the proper order of draw during a multiple blood specimen draw is significant.

Intravenous Fluid (IV) Contamination

Blood must **never** be drawn on the side of an IV site in a patient's arm/ hand, as the fluid will dilute the blood and invalidate test results. If absolutely necessary, it is acceptable to have the IV turned off for a minimum of 2 minutes prior to drawing the specimen from that arm/hand.

Indwelling Line (Heparin Lock) Contamination

Never draw above an indwelling line (heparin lock) if it has been flushed with heparin or saline within the previous 5 minutes.

Hemolysis

Hemolysis can result from a difficult blood collection or from improper handling of the collected specimen. Gross hemolysis invalidates most laboratory tests. Specimens moderately hemolyzed need to be evaluated for each specific test ordered.

Quantity Not Sufficient (QNS)

All efforts will be made to accept a minimal volume specimen for testing, however there will be some instances where additional specimen must be collected.

Heparin Contamination

Blood specimens withdrawn immediately after infusion of heparin may yield invalid results for some tests (eg, APTT).

Contaminated Specimens

Never pour a specimen from 1 tube into another. Many tubes have an anticoagulant in them which affects results when specimens are cross-contaminated. Pouring from tube to tube could also result in insufficient specimen volume for testing.

Hemoconcentration

If the tourniquet is left on longer than 1 minute, hemoconcentration may result, thus invalidating some test results. This occurs most often from an IV start. If the tourniquet is left on over 1 minute, blood should **not** be drawn until 2 minutes after the release of the tourniquet.

Mislabeled or Unlabeled Specimens

Timeliness and accuracy of laboratory testing is dependent on specimen quality. A key quality indicator for laboratory testing is specimen labeling. For patient safety and good laboratory practice, patient specimens are to be labeled in front of the patient using 2 patient identifiers.

Acceptable identifiers for inpatient specimens include:

- Patient's full name
- Patient's medical record number or account number

Acceptable identifiers for outpatient specimens include:

- Patient's full name and
- Patient's date of birth, social security number or medical record number

Specimens received in the laboratory without 2 patient identifiers will be considered unlabeled/mislabeled and will need to be recollected.

If the specimen is for transfusion or potential transfusion purposes and is labeled with a preprinted computer label, the specimen must be recollected and hand-labeled **from the patient's ID band**.

If the specimen is for transfusion or potential transfusion purposes and is hand-labeled with the **wrong** information, the specimen must be recollected.

If the specimen is for transfusion or potential transfusion purposes and is hand-labeled with incomplete information (eg. Billing account number instead of medical record number

[MRN] but all other information is correct), it is acceptable to call the floor, ask the appropriate employee to go to the patient's bedside and record the patient's full name, MRN and billing account number **from the armband**, and bring that information to the laboratory to completely label the specimen.

Note: Tubes that are incompletely labeled **will not** be tubed back to the floor to be labeled.

Only when a specimen cannot be recollected (eg, CSF), may it be labeled or relabeled. There must be discussion and evaluation of these circumstances by a laboratory supervisor or in-charge technologist with the in-charge nurse. If at all possible, the specimen should be recollected. If the specimen cannot be recollected, the name of the person accepting responsibility for patient/specimen identification will be appended to the laboratory report.

Additionally, specimens that do not meet the patient preparation, collection, and transport requirements may also give erroneous test results and may need to be rejected. The specimen rejection process includes steps to assure that the rejection reason is documented in the patient medical record and specimen recollection is conducted in a timely manner.