Specimen Rejection Policy

PURPOSE

Specimens may be rejected for factors such as labeling/patient identification (ID) errors, delay in testing, inappropriate tube type, etc. A *Peminic Occurrence Report* will be completed to document rejected specimens.

Clotted Specimen

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

Contaminated Specimens

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

Hemoconcentration

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

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.

Heparin Contamination

Blood specimens withdrawn immediately after infusion of heparin may yield invalid results for some tests (eg.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

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).

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.

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.

Intravenous Fluid (IV) Contamination

Blood must never be drawn above 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.

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.

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 identifiers.
Acceptable identifiers:

- Patient's full First and Last Name
- Patient's Date of Birth or Social Security Number

Specimens received in the laboratory without 2 identifiers will be considered mislabeled/unlabeled and will require a recollection.

Biopsies, or other samples that recollection is not option, will require a re-labeling workup to properly identify the sample.

If the specimen is for transfusion purposes, the patient must be B-Banded; the specimen must be hand-labeled with the patient's full name, date of birth and B-Band number.

REFERENCES/AUTHORS

1. Clinical and Laboratory Standards Institute. *Laboratory Documents: Development and Control; Approved Guideline – 5th Edition*, CLSI document GP2-A5, [ISBN 1-56238-600-X]. Clinical and Laboratory Standards Institute, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898, USA, 2006.
2. Behr, Julie A., MT (ASCP), MHSA, Administrative Director, MedLabs, 2012
3. Metzen, Jennifer, MT(ASCP)SC, Outreach Manager, MedLabs, 2013.