KEY WORDS
1. Specimen
2. Lab
3. Labeling

A. GENERAL POLICY STATEMENT

This policy sets forth requirements for specimens collected for laboratory testing to assure accurate identification of patient samples and to comply with laboratory regulations.

B. SCOPE

This policy applies to all Bassett Medical Center (Bassett).

C. ACCOUNTABILITY

The Vice President (VP), Patient Services will be responsible for the administration of this policy.

D. POLICY ELEMENTS

1. All hospital and clinic staff members are responsible for verifying that all specimens collected comply with this policy. Upon physician request, any specimen not in compliance with this policy will be referred to the Clinical Director or the pathologist on conference rotation to make a final determination of the acceptability.

2. Specimen Containers: Prior to any collection, ensure that the supplies and containers that are being used for the collection are within the expiration date provided by the manufacturer. Any item that has reached or exceeded the expiration date provided must be discarded and replaced.


   a. All inpatients must be wearing an identification band that must include their first and last name and medical record number (MRN) before any specimen is collected. The MRN should be a minimum of six digits that may start with a zero. The person collecting the specimen or performing the test must complete the 8 critical elements of patient identification and labeling:
      1) Use full name and date of birth (DOB).
      2) Request patient/family state full name and DOB.
      3) Compare patient/family statement to source document(s).
      4) Include family if patient unable to participate.
      5) Simultaneous but independent verification by two staff members when required.
6) Label all specimens in the presence of the patient.
7) Do not use location as an element of identification.
8) Clarify all discrepancies.

b. For all outpatients, the patient or their proxy will be asked to state their full first and last name and DOB. This information will be compared to the test order/requisition, laboratory specimen labels or the scheduling system registration labels. The specimen is not collected if there is a discrepancy identified. The discrepancy must be resolved with the clinic staff before specimen collection.

c. When an outpatient is scheduled to receive a transfusion of blood or blood products, the patient must be wristbanded at the time of the specimen collection with necessary information. Once the patient has been positively identified, the patient is wristbanded and the specimen is then collected. The specimen is then labeled from the patient’s wristband. The specimen is not to be collected until the patient has been identified and wristbanded.

d. If the identity of the patient is unknown at the time the patient presents (Patient Identification policy 71-CL), patients labeled in accordance with that policy will be considered properly labeled.

e. Any specimen, other than a Blood Bank specimen, collected outside of Bassett may be labeled using the complete patient name and DOB as identification. The identification on the specimen and on the accompanying lab order must be correct and must match. Any discrepancy will lead to rejection of the specimen. Note: If a Blood Bank specimen needs to be collected and the patient is new to the Bassett system, the location must first obtain a Bassett MRN.

4. Specimen Labels:

a. Specimen labels must bear the following information and must be legible:
   1) Patient’s first and last name, properly spelled.
   2) Patient’s MRN [unless the specimen is from a patient outside Bassett System or if the MRN is unavailable at the time of collection/testing, in which case the DOB (month-day-year) is required].
   3) Date and time of specimen collection.
   4) Initials of the person collecting the specimen.

b. Labels (barcode generated, addressograph or registration stickers) for blood collection tubes can be used in all instances EXCEPT for Blood Bank specimens which must immediately be hand labeled at the patient’s side from the patient’s wristband, if required, or source document only in the outpatient setting. (See section 4a for Blood Bank labeling.)

c. Prior to sending the specimen to the laboratory, the Lab Information System (LIS) label must be affixed on the specimen with the exception of a Blood Bank specimen (as noted below, all Blood Bank specimens must be hand labeled with the LIS label in the bag). If
there are more than one label for the specimen, place one label on the specimen and any additional labels in the bag with the specimen. It is important to send all labels so the lab knows what testing needs to be completed.

d. When labels are used at the patient’s bedside, they should be placed lengthwise over the manufacturer’s label to permit visual inspection of the specimen. Barcode labels should be oriented on the tube with the name near the stopper. The label must not extend over the cap or the end of the tube. The specimen must be labeled immediately at the patient’s side by the individual who collected the specimen. No one is permitted to label specimens obtained by another individual. If a label is to be affixed over the original label, care must be taken to ensure that the information on the label is verified against the original label. The new label must have the same information in step (a) above, as well as the initials of the person affixing the new label. See special specimen types for additional information.

e. When a patient is given a specimen container and asked to collect the specimen at home, the container should be properly labeled at the time it is given to the patient. The label must include the patient’s full name, MRN, and DOB. This will ensure that the specimen is properly labeled when it is returned. A registration label should be used if available.

5. Special Specimen Types:

a. Blood Bank:
   1) It is required by the Bassett Transfusion Service that Blood Bank specimens be hand labeled using information from the patient’s identification wristband, by the phlebotomist before leaving the side of the patient. Preprinted labels affixed to the specimen will not be accepted by the Blood Bank. All labeling must be done by the person collecting the specimen. The label must include the patient’s full first and full last name, MRN, date and time of specimen collection, and the initials of the person collecting the specimen. If the identity of the patient is unknown at the time the patient presents, refer to the Patient Identification policy 71-CL. Specimens hand labeled in accordance with that policy will be considered properly labeled. The same person must write all identification on a Blood Bank specimen. Any specimen not labeled with correct full first and last name and MRN will be rejected.

b. Surgical Pathology Specimens:
   1) Multiple specimens must be identified exactly the same way on both the order and the specimen label with the appropriate source. Secure the specimen container lids to minimize leakage and contamination of label in transit. Leaking specimens makes them illegible and unable to be processed. The label should be oriented so the label is horizontal to the lid. Specimen labels must not be placed on the lid.

c. Other Specimens:
1) Specimens for medico-legal purposes – Refer to the Laboratory Departmental policy “Chain of Custody for Legal Specimens.”

2) Paternity testing specimens – Refer to the Laboratory Departmental policy “Performing Paternity Testing Collection Procedure.”

E. COMMUNICATION

This policy will be communicated via email to all Managers, Directors, Chiefs of Services, and Executive Operations Team members.

F. DISTRIBUTION

This policy will be placed online in the Administrative and Medical Staff Policy Manuals.

G. ENFORCEMENT

The VP, Patient Services is responsible for compliance with this policy.

H. REVISIONS

The VP, Patient Services is responsible for making revisions to this policy.