SPECIMEN ACCEPTANCE CRITERIA

1. Specimens accepted by the Laboratory for testing must be labeled with the following information:
   a. Full first name and full last name of patient. First initials and nicknames are not acceptable. Verify patient’s legal full name by matching to a legal identification document.
   b. Patient date of birth.
   c. Date of collection.
   d. Time of collection.
   e. Collector's initials.

2. Specimens must be accompanied by a completed Laboratory test requisition signed by an authorized provider. Laboratory test requisitions must include:
   a. Full first name and full last name of patient. First initials and nicknames are not acceptable. Verify patient’s legal full name by matching to a legal identification document.
   b. Patient date of birth.
   c. Date of collection.
   d. Time of collection.
   e. Collector’s legible full name.
   f. Provider’s signature authorizing the Laboratory testing. Signature must be handwritten or an approved electronic signature.
   g. Diagnosis. The provider office is required to provide a valid ICD-10 code. For Medicare patients, diagnosis for Laboratory testing must meet medical necessity.
   h. Laboratory tests to be performed. All complex/genetic testing requires Laboratory consultation prior to ordering.
   i. Copy of patient insurance information.
   j. For new patients, patient demographic information is required.

3. Verbal orders for Laboratory Testing:
   a. Testing will be performed on specimens submitted with a verbal order.
   b. A Laboratory test requisition must be received within 48 hours of submission of specimens for testing.

4. Incomplete specimen identification or Laboratory test requisitions missing required information will cause delay.

SPECIMEN REJECTION CRITERIA

1. Unlabeled specimens. Routine recollectable specimens will be discarded.
2. Wrong collection container.
4. Incorrect transport temperature.
5. Insufficient sample volume.
7. No source written on specimen label for microbiology/culture specimens.
8. Coagulation testing rejection criteria:
   a. All coagulation testing must be submitted in a full blue top sodium citrate tube, no exceptions.
   b. Blood specimens submitted for aPTT testing not centrifuged and separated from red cells within 4 hours. If a delay in testing is anticipated, plasma must be separated and frozen for transport.
   c. Blood specimens submitted for PT/INR testing not centrifuged and separated from red cells within 24 hours. If a delay in testing is anticipated, plasma must be separated and frozen for transport.
   d. Clotted specimens (due to inadequate mixing during specimen collection).
9. Hematology testing rejection criteria:
   a. Specimens submitted to the Laboratory with less than 1mL of sample.
   b. Clotted specimens (due to inadequate mixing during specimen collection).
   c. Specimens greater than 24 hours old.
10. Chemistry testing rejection criteria:
    a. Blood specimens collected in gel separator tubes uncentrifuged longer than 4 hours.
    b. Specimens for lactic acid or ammonia testing greater than 1 hour old.
    c. Hemolysis.
11. Answers to specific questions regarding acceptable collection containers, specimen type, specimen quality, specimen stability and specimen transport can be found in the Test Catalog or by calling Cayuga Medical Center Department of Laboratories Client Services at (607) 274-4474.