

Specimen Labeling and Rejection Criteria

Purpose
To provide guidelines for specimen labeling and specimen rejection

Policy
All specimens submitted to Great River Medical Center Laboratory for testing must be accurately labeled to assure positive patient identification and optimum integrity of patient specimens from the time of collection until testing is completed and the result reported. In accordance with standards issued by the College of American Pathologists (CAP) all specimens must be labeled at the time of collection; in the presence of the patient to maintain identity throughout the pre-analytical, analytical, and post-analytical processes.

Definitions

Unlabeled Specimen: A specimen container or slide received with no information on it

Under-labeled Specimen: A specimen container or slide received with insufficient information on the label (i.e., specimen is labeled with the patient’s name but no unique identifier)

Over-labeled Specimen: A specimen container or slide received with two different patient labels on it

Mislabeled Specimen: A specimen labeled with incorrect patient identification that conflict with the information provided on the requisition (i.e., misspelled name, incorrect medical record number, etc.)

Procedure

I. Processing Problem Specimens

A. Client Services:
   1. Consult technical staff to determine whether or not a test should be performed before the problem can be resolved and the specimen is stored.
   2. Notify the Client/Physician of the issue. Document the name of the person contacted, your initials, the date and time.
   3. If it is necessary to cancel a test(s), contact the physician. Document the name of the person contacted, your initials, the date and time.

B. Technical staff:
   1. Complete problem resolution and documentation, as necessary.
   2. Provide support to Client Services when rejecting specimens for technical/quality issues (ex. Clotted, hemolyzed specimens, quantity not sufficient for testing).

C. Whenever a medical record number or a name change is needed the following protocol should be applied
   ▪ Contact Transfusion Services to see if blood or blood products are being transfused
   ▪ Contact HIM to initiate the name/medical record number change.

II. Test Orders

A. Lab personnel draw specimens after receiving an electronic test order

B. Nurse-collected specimens are matched to electronic test orders.

C. Orders must include
   1. patient's name
   2. medical record number
   3. patient location
4. test priority
D. Specimens will not be collected without an electronic or written order unless it is an emergency, in which case a verbal order from a nurse or physician is acceptable. An electronic or written order must be obtained as soon as possible (no longer than 30 days).

III. Test Requisition Requirements (Outside Clients: Nursing homes, clinics, and physician offices)

A. Specimens and requisitions should include the following information:

<table>
<thead>
<tr>
<th>Specimen Required</th>
<th>Outreach Laboratory Requisition Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient’s first and last name</td>
<td>• Patient’s first and last name</td>
</tr>
<tr>
<td>• Patient’s birth date</td>
<td>• Patient’s birth date and sex</td>
</tr>
<tr>
<td><strong>Recommended</strong>&lt;br&gt;• Collection date and time</td>
<td>• Collection date and time</td>
</tr>
<tr>
<td>• Specimen type (<em>if not in original tube</em>)&lt;br&gt;  - plasma (EDTA, sodium, citrate)&lt;br&gt;  - serum&lt;br&gt;  - urine&lt;br&gt;  - sputum&lt;br&gt;  - type of body fluid</td>
<td>• Name of person who collected the specimen&lt;br&gt;• Ordering physician’s name, address and phone number&lt;br&gt;• Test(s) ordered&lt;br&gt;• Billing information&lt;br&gt;• Diagnosis</td>
</tr>
<tr>
<td><strong>B. Test(s) ordered (recommended)</strong>&lt;br&gt;• Any specimen not having all of the above information or those that have discrepancies will be recorded on a &quot;Result Entry Comment Form&quot;. If any of the above information is missing, a client services clerk will contact the ordering location and request the missing/correct information be faxed to the GRMC Laboratory. The faxed information is to be scanned into the EHR.</td>
<td></td>
</tr>
</tbody>
</table>

IV. Patient Identification

A. It is the responsibility of the staff collecting the specimen to identify and draw the patient correctly and **label the specimen at the point of collection**. The patient’s identity must be verified prior to specimen collection, by using at least two identifiers and in accordance with GRHS Policy 2008 Patient Identification.

1. Inpatient and ED specimens: An identifying wristband must be on the patient. Verify the patient’s name and medical record number by checking the patient wristband.

2. Outpatient Testing specimens: Ask the patient to state their full name and birth date.

*Note: NEVER state the patient’s name and ask them if it is correct. ALWAYS make them verbalize their name and birthdate.*

V. Specimen Labeling Requirements

A. All specimens must be received correctly labeled with the patient's name and collection information on the portion of the container that contains the specimen.

B. **ALL** samples must be labeled at the patient’s bedside or chair immediately after collection and within sight of the patient.

C. Specimens should be labeled with computer generated bar-code labels.

*Note: patient’s chart label may be used if bar-code labels are not available*

D. Confirm patient’s identification by comparing the labeled tube or container to the patient’s wristband information or by showing the labeled container to the patient for verification.

E. If the patient is unconscious or not competent, a family member may verify identification.

F. Collector must write their initials and collection time on the labels.

*Note: If collected using patient identification system, the handwritten information is not required*

IV. Criteria for Specimen Rejection

A. Rejected **retrievable** specimens submitted for testing based on the following criteria:

1. Inadequate specimen identification

   i. There is no label on the specimen

   ii. The patient’s first and/or last name is missing from either the specimen container
or requisition.

iii. The patient’s first and/or last name and the unique identifier (Medical Record #) on the specimen container and requisition do not match.

iv. The specimen is labeled with more than one patient’s label that do not match each other.

2. Inappropriate volume of blood
3. Use of incorrect container for collection of specimen
4. Specimen handling instructions for collection or transport of specimen have not been followed for the ordered test.
5. Wrong specimen type submitted for ordered test
6. Specimen quality is inadequate for testing (ex. Hemolyzed, IV contamination, or clotted specimen, short draw)
7. Specimen container is broken, grossly contaminated or leaking

**Note:** Refer to Section VI for specimen acceptability details

B. **Irretrievable** specimens are specimens which, due to either the site they are obtained from, or timing of collection, are not recollectable. In these cases, labeling errors will be handled differently. The following specimen types are automatically considered not recollectable:

1. Specimens collected in Surgery - contact physician or surgery personnel
2. Suprapubic Urines
3. Body Fluids (Synovial, Pleural, Peritoneal, Amniotic)
4. CSF
5. Cervical/Vaginal Specimens for Fetal Fibronectin Testing
6. Kidney Stones
7. Cord pH
8. Deep tissue culture or bone fragments collected from the Wound Clinic

If a specimen is irretrievable, the physician or nurse who collected the specimen may come to the Laboratory and label it with the required patient and specimen information. If this occurs, test results are to have the following comments attached:

- SUN: Specimen received by GRMC Laboratory unlabeled
- YOU: Test performed at physician or nursing personnel's request.

C. **Contact the patient’s physician or nurse before discarding any specimen (retrievable or irretrievable).**

D. Document that the specimen was rejected and the follow-up action taken on a "Result Entry Comment Form".

**Note:** It is necessary to maintain an audit trail for specimens that are rejected. See part VII “Audit Trail of Rejected Specimens” in this procedure.

E. **Name discrepancies (Outside Clients Only):** Use common sense for name differences, e.g., Robert and Bob are the same name. If the name on the requisition and the name on the specimen are different (spelling discrepancy or different patient name) reject the specimen

F. Any specimen submitted for blood bank testing will be rejected if the specimen is not labeled correctly. Specimens submitted for blood bank testing may be rejected if the patient’s first and last name and MRN or date of birth on the specimen do not match the requisition and/or the patient’s information in the computer. Refer to Transfusion Services Policy BBP 0101 Patient Identification and Blood Bank Band for detailed information or consult with technical staff prior to rejecting the specimen.

VI. Specimen Acceptability

A. Any specimen not meeting the specimen collection, handling, or storage conditions of specific test procedures are to be considered unacceptable (ex. Inappropriate volume of blood, Using the wrong collection tube, Hemolysis, Improper storage/transportation)

B. Reject all "grossly hemolyzed" specimens, clotted purple and blue top tubes, and hemolyzed Transfusion Services specimens drawn by GRMC hospital staff. Consult technical staff before rejecting any grossly hemolyzed transfusion specimens drawn on trauma patients. For outside clients, accept slightly hemolyzed or moderately hemolyzed specimens, but add a comment to the test result when the analyzed constituent will be affected by hemolysis.
C. Do not reject Microbiology specimens for culture on any shift. Contact the patient’s physician or nurse before discarding any specimen (recollectable or not recollectable). Outpatient specimens submitted for culture that do not meet the specimen age requirements should be sent to Microbiology for evaluation.

1. Outpatient testing staff should order tests prior to sending the specimen to Microbiology.
   i. If there will be a delay in contacting the physician, the patient should be given the appropriate collection kit prior to leaving the hospital

2. Micro staff will contact the ordering location to determine the appropriate course of action.
   i. If a physician requests testing to continue, the comment, YOU: Test performed at physician or nursing personnel's request, will be attached to the test results when they are entered in the computer system.
   ii. If the physician requests the specimen be recollected, the test will be result with the comment, TNP: Test not performed.
   iii. The ordering location will contact the patient if the specimen needs to be recollected

3. Evening/Night Shifts should set up the cultures and leave the 1st shift Microbiology staff a note, email or notation on the Shift Communication Log explaining the specimen problem.
   i. The 1st shift Microbiology staff will investigate the issue, notify the physician and discard the plates if the decision is made to reject the specimen.
   ii. Off-shifts should attempt to contact the physician only during regular office hours.

D. 24 Hour urine specimens (i.e. 24 Hour Total Protein) must be ordered prior to performing any testing. This will ensure appropriate calculations have been applied to the test results.

E. All specimens of questionable acceptability will be documented on a "Result Entry Comment Form".

F. If the specimen is to be tested per the physician's request, it is the responsibility of the person who spoke with the physician to complete a "Result Entry Comment Form" and route it with the specimen(s) to the appropriate section of the laboratory. The personnel who perform the testing are to attach the appropriate code(s) to the test result when it is entered in the computer system. The forms are to be filed in the Outreach Manager Office for 2 years.

G. Do not reject Anatomic Pathology specimens that are not labeled, unaccompanied by adequate requisition information, left unfixed or unrefrigerated for extended period of time, or received with a contaminated outside surface. The submitting physician or office will be contacted and asked to make corrections to specimen to satisfy the specimen labeling and submitting policy. Specimens will be held and not processed until such corrections are made.

VII. Audit Trail for Rejected Specimen

It is important to maintain an audit trail of the client notification process and the status of the testing of these specimens. All rejected specimens and customer service items should be recorded on the “Result Entry Comment Form”. The following protocol is to be applied to every rejected specimen.

A. Log specimen into the LIS

B. Complete a “Result Entry Comment Form”. Check appropriate comments(s) and give to technical staff who will:

1. Result the test(s) with the appropriate canned text comment indicating the specimen was rejected (REJ).
   
   and

2. Result the test(s) with a reason code or free text comment (unlabeled, specimen unacceptable for testing, etc.)
   
   and

3. On the patient’s report, document the person notified, the date, time, and initials of the person who contacted the patient’s nurse or physician.
   
   and

4. Credit the test(s) by forwarding the information to a laboratory supervisor, manager, director to perform a charge edit. Comments on the form include:

   REJ: Test not performed. Specimen rejected. (Free text rejection reason into computer system)
   
   YOU: Test performed at physician or nursing personnel's request.
DISC: Specimen received with a discrepancy between name on specimen and name on requisition  
QNS: Quantity not sufficient  
NSR: No Specimen Received  
TUB: Improper tube drawn  
SUN: Specimen received by GRMC Laboratory unlabeled

Notes: “Wrong FIN” and “Orders not in Power Chart” comments should be given to the Outreach Manager

Tests performed at physician or nursing request will not be credited

References


Related documents

Great River Health Systems Policy and Procedures: 2008 Patient Identification, 2027 Specimen Labeling
Transfusion Services Policy BBP 0101 Patient Identification and Blood Bank Band

Specimen Protocol Table

<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
<th>Instructions</th>
</tr>
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</table>
| **Accept Specimen contingent upon Verification** | • Minor Spelling mismatch  
• Common nickname with matching additional identifiers (ex. Bill vs. William)  
• Missing collection date and/or time or initials (if collected by laboratory staff) | 1. Call to verify information  
2. Accept specimen and report result  
3. Add comment to test result describing discrepancy, including who verified the information. If error is uncovered after results have been reported, a Result Comment is entered. For all others, add an Order Note  
4. Complete Red Flag Alert |
| **Reject Specimen-unacceptable labeling** | • Missing or inaccurate first or last name  
• Missing or inaccurate date of birth | 1. Reject specimen. Testing cannot be performed  
2. Notify originating site, department, or provider of error and the need for recollect  
3. Complete incident report |
| **Reject Specimen-unacceptable sample** | • Incorrect volume  
• Incorrect specimen container  
• Incorrect storage or specimen handling (examples: spun, unspun, temperature of storage, age of specimen)  
• Wrong specimen type submitted | 1. Reject specimen. Testing cannot be performed  
2. Notify originating site, department, or provider of error and the need for recollect  
3. Complete incident report |
| • Unacceptable quality (hemolyzed, clotted, contaminated) |
| • Quantity not sufficient |
| • Grossly contaminated or leaking container |