Add-On Laboratory Requests
Federal regulations require that all laboratories have a written or electronic request for the performance of all laboratory tests.

The following procedure has been formulated to be followed once a laboratory specimen has been drawn and delivered to the laboratory and there is a verbal request for additional studies.

- Phone verbal order to laboratory and verify appropriate and adequate blood specimen availability.
- Nursing Unit enters the add-on study through the PowerChart “Add-On Orders” flow.
- Requisition prints in the Laboratory Services area.
- Laboratory enters the order in the LIS. This allows the new study to be assigned the same accession number as the specimen already in the laboratory.

Competitor Disclaimer
As to tests that are identified as being performed by parties other than Mayo Medical Laboratories or Christiana Care Health Services (CCHS), the information regarding such tests was obtained from the test provider’s most recent available catalog, as supplemented by any additional information provided to CCHS or Mayo Medical Laboratories by the test provider. Neither CCHS nor Mayo Medical Laboratories warrants or endorses the timeliness or accuracy of any such information. If you have any concerns or questions about the timeliness or accuracy of such information, you should contact that provider directly.

Recollection Policy for Inpatients
Purpose: To identify procedure for recollection of specimens which are unable to be tested for any reason, upon receipt in the laboratory.

Theory: Unfortunately, there are instances when specimens received in the laboratory are unable to be tested. These specimens may have been collected by non-laboratory or phlebotomy personnel. As a result of the inability of laboratory staff to order future testing in the PowerChart system, and the necessity to identify specimens uniquely by collection times, all recollects must be reordered by nursing unit staff at patient’s current location.

Following is a list of some of the reasons for recollection:

- Clotted specimen for CBC, or coagulation testing
- Specimen collected in the wrong tube
- Quantity insufficient volume for testing (QNS)
- Gross hemolysis
- Specimen received unlabeled or incorrectly labeled
- Specimen damaged, broken or “mislaid” tube

In the last example, every possible effort will be made to locate specimen and work with what is available before requesting that patient be “stuck” again.

Procedure: The Nursing Unit will be contacted by laboratory staff member identifying problem. Laboratory Personnel will explain reason for recollection for Nursing Unit and document for laboratory records the unit person contacted.

Unit personnel will determine priority level of recollection and order appropriately in PowerChart. This will include whether test is to be collected as a unit draw or laboratory draw and the priority: STAT, routine (next rounds), time draw, or ASAP.

Specimen Acceptance
All specimens and laboratory request forms must be submitted with proper identification. Specimens of blood or other potentially infectious materials will be placed in a sealable, biohazard bag, or a container with a secure lid, which prevents leakage during transport. As potential always exists for outside contamination of the primary container, the primary container should be placed within a second container, which prevents leakage during transport to the laboratory.

Specimens from unauthorized sources (such as tests initiated by employees) will not be accepted. Specimens submitted in a syringe with needle attached will not be accepted. The needle must be removed before the laboratory will accept any syringe.

Requests should be time stamped upon arrival in the laboratory by the individual delivering the specimen. Specimens sent by dumbwaiter will be time stamped by Laboratory Receiving staff.

Inpatient blood and urine specimens that have not been properly labeled and accompanied by a correctly completed requisition form(s), will be rejected and it will be necessary for the specimen to be recollected. Any rejection of a specimen will be reported by telephone as soon as possible to the area from which it was sent, together with the reason for the rejection.

Other specimens and request forms that have not been properly labeled may be processed only with the knowledge and
approval of the manager, supervisor, section director
pathologist (or designee). During non-routine hours it is the
responsibility of the technologist to use good judgement in
determining the need to process an improperly labeled
specimen. Follow-up with appropriate supervisory staff in a
timely fashion is essential. Every effort should be made to
identify and process irreplaceable specimens such as: spinal
fluid, special catheterization specimens, and specimens from
Special Care Nursery.

Unlabeled “CODE” specimens will be processed. The
requesting party must then come to the laboratory to label the
specimen and the report will note that the testing was done on
an unlabeled specimen and labeled post testing. **No exception
will be made for Blood Bank “CODE” specimens. They
must be labeled in order to be processed.**

Outpatient specimens, including Wilmington Hospital Health
Center, require extra efforts to try and resolve improper or
incomplete labeling/identification issues. The goal is to avoid
rejecting the specimen and to avoid prolonged delay of
processing which may affect the final quality of the result. This
may include calling the patient at home to assist in providing
any needed identification of specimen source, if the physician is
unreachable.

If the analysis is performed on an unacceptable specimen, the
test report will note the nature of the problem, and if applicable,
a caution in interpreting the result.