



IDENT	LAB200.022
Type of Document	Policy
Applicability Type	Department-Level
Title of Owner	Network Dir Ops Lab&Path Svcs
Title of Approving Official	Medical Director of Clinical Laboratories
Date Effective	10/6/2015
Date of Next Review	10/6/2017

TITLE: Laboratory Specimen Acceptability Policy

PURPOSE: To inform laboratory users of:

- 1) Improper specimen labeling protocol
- 2) Circumstances when laboratory analysis can not proceed
- 3) Procedure that the laboratory follows if either of the above occurs.

POLICY STATEMENT: Before testing in the laboratory, specimens and requisitions are:

- 1) Unequivocally identified with respect to patient of origin and tissue source.
- 2) In a physical condition that will allow generation of a meaningful result.

SCOPE: This policy covers all users of UVM Medical Center laboratory facilities.

PROPER SPECIMEN LABELING:

- 1) Patients are identified and specimens labeled according to the cross organizational policy – Identification of Patient Specimens (Lab200.037). Thorough knowledge of this policy is requisite to anyone collecting specimens or ordering laboratory services.
- 2) Specimens are accompanied by a completed order form (either electronic or paper requisition).
- 3) Supplemental information
 - a. Designation of anatomic location may be necessary to differentiate between multiple specimens. In this circumstance location must be unequivocally communicated to the laboratory. It may be done by writing the information on the specimen label, or on the requisition with an index on the container (eg. A–right, B–Left written on requisition and the labels containing A and B respectively in addition to information required by 1) above.
 - b. Designation of time of collection is necessary for certain tests (see Specific test name in Test Directory; Examples include drug levels, timed specimens, or multiples of a test within a day.) In these circumstances this information must be unequivocally communicated to the laboratory. It may be done by writing the information on the specimen label, or on the requisition with an index on the container similarly to part 3a. In vivo specimens for Blood Bank should have time of collection directly on the specimen label. Designation of date of collection is necessary for certain tests (see Specific test name in Test Directory. Examples include specimens for HLA testing.
- 4) Special circumstances
 - a. Blood Bank specimens that will be used for preparing blood products for transfusion must include on the label:
 - i. The patient’s full legal name
 - ii. The patient’s Fletcher Allen Health Care 10 digit Medical Record Number
 - iii. The patient’s Date of birth
 - iv. Date of collection
 - v. Time of the Specimen Collection.
 - vi. The signature of the authorized person collecting the blood sampleNote: Only personnel authorized by the Blood Bank may collect this type of specimen.
 - b. Surgical Pathology specimens are handled according to the cross organizational policy – Surgical Specimens requiring Laboratory/Pathology Examination (LAB200.030).
 - c. Anonymous testing should follow the process outlined in the Laboratory Services Directory and the Policy – Anonymous Patient Testing (Lab200.001).

- d. Small specimens (such as slides) are labeled with the patient's name and placed in a container with proper labeling on the container.
- e. Research samples submitted by research clients may be submitted by a unique identifier generated by the client. If the result is to reside on a patient chart then the full identification process is to be followed.

REASONS FOR TESTING DELAY OR CANCELLATION:

- 1) Delays in testing
 - a. Specimens not labeled in accordance with above.
 - b. Orders that need clarification to allow testing to proceed.
- 2) Cancellation of testing
 - a. Blood Bank specimens not collected according to 4)a above.
 - b. Specimens that are not identified with respect to patient of origin.
 - c. Loss of specimen integrity.
 - d. Labeling problems (from part 1) that cannot be resolved.

PROTOCOL FOR HANDLING DELAYS AND CANCELLATIONS:

- 1) The laboratory will call and document the call to the originating unit/client if a delay or cancellation occurs.
- 2) Specimens will be stabilized or processed (but not result) if potentially resolvable issues are present.
- 3) The laboratory will offer the option to continue with some testing if the individual who collected the sample assumes the responsibility by signing a waiver of liability.
- 4) Reports generated under this scenario will include a comment that states the issue and the name of the person accepting responsibility to proceed.

Note:

Maintenance of accurate patient identification while providing timely and convenient laboratory service is a major challenge for the laboratory. We perform over 2.5 million tests a year. The presence of specimens from patients that share names is a daily occurrence in the laboratory. Confirmation of the identity of the sample can only occur in the patient's presence. Once the specimen is removed and sent to the laboratory, the identity of the sample is based solely on the information placed on the specimen label and requisition.

The Laboratory has an elaborate triage process for evaluating these specimens that involves employees on the front line, supervisors, resident pathologists and attending pathologists. Occasionally specimens are unique and can not be recollected without risk or undue discomfort for the patient. Fortunately this specimen uniqueness or information on the requisition sometimes assists in satisfactory identification of the source and allows us to seek a "waiver of liability" option. Our process is detailed in procedures listed in the Related Policies Section below. However, a failure in proper labeling of specimens indicates a breakdown in the confirmation of the identity of the sample. Therefore, caution must be applied when using the results of an improperly labeled specimen that was allowed to be accepted for laboratory testing. Improperly labeled specimens have been found to be 40 times more likely to be a specimen from a different patient altogether (Reference: Lamadue et al. Transfusion 1997).

RELATED POLICIES:

Blood Bank Specimen Identification Policy # A.2
UVM Medical Center Laboratory Receiving: Handling Problem Specimen policy # LISR027
UVM Medical Center Laboratory Release of Tissue Specimen policy#LAB200.005
UVM Medical Center Patient Identification Policy #NADM00018
Surgical Specimens requiring Laboratory/Pathology Examination (LAB200.030)

REFERENCES:

Laboratory Accreditation Agencies

College of American Pathologists (CAP)
New York State Laboratory Policy (NYS)
American Association of Blood Banks (AABB)
American Society of Histocompatibility and Immunogenetics (ASHI)

Documents Status: **Approved**

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

REVIEWERS:

Pamela Gibson, M.D., Division Chief, Anatomic Pathology
Cindy Nelson, Manager, Clinical Laboratory
Monica Sullivan, Manager, Clinical Laboratory
Tim St. John, Manager, Anatomic Laboratory
Lynn Bryan, Manager, Business Systems and Client Services
Michael R. Lewis, MD, Division Chief, Laboratory Medicine
Nicole Carney, Quality Officer

OWNER: Tania C. Horton, Network Dir Ops Lab&Path Svcs

APPROVING OFFICIAL: Mark K. Fung, MD, Medical Director of Clinical Laboratories