Copley Hospital, Inc.
Laboratory Services Directory

SUBMISSION OF SPECIMENS

1. COLLECTION PROTOCOL

   a. All specimens, inpatient and outpatient, must be labeled at the time of collection by the person who collects the specimen. Two identifiers are required for acceptable labeling. The patient's full name with date of birth or Copley Hospital medical record number are acceptable.

      * For inpatients, the blood specimen must be labeled at the bedside. Patient information must be verified by checking the patient's wristband. That information must be matched with identifying labels and with requisition information.

      *Outpatient requisitions are expected to be properly completed to include the patient demographic data, tests to be performed, special processing information, pertinent clinical information (all relevant diagnoses) and the requesting physician name. (Blood Bank requisitions for type and screen/crossmatch specimens additionally require the collector's signature, date and time of draw.)

   b. Blood Bank collection policy for type and screen/crossmatch specimens requires that the phlebotomist ask the patient his name and date of birth. A nurse or physician must identify an unconscious or confused patient.

2. LABEL REQUIREMENTS

   a. All specimens accepted by the Department must be properly labeled and accompanied by a matching properly completed requisition form. Two identifiers on both the sample and the requisition are required for acceptable labeling. The patient's full name along with their date of birth or Copley Hospital medical record number is acceptable.

   b. Inpatient collection container labels must include at least the patients name (last, first) and the patients Copley Hospital medical record number or date of birth. Blood Bank specimen labels for type and screen/crossmatch must also include the date and time of collection, the patient's date of birth, and the initials of the drawer.

   c. Outpatient collection container labels must include the patient's full name and the patient's date of birth or Copley medical record number.

d. Specimens which are submitted in syringes (e.g. fluids, etc.) should be labeled (as above) by "winging" the specimen label around the barrel of the syringe. Syringes with the needle still attached are unacceptable.

e. Specimens which are submitted in a specimen container with a lid (i.e. urine, sputum, etc.) must be labeled on the body of the container. Labeling the lid is unacceptable.

f. Glass slides must be labeled in pencil on the frosted end with the last and first name, and second identifier such as date of birth.

g. Specimens should be submitted in a biohazard zip-lock bag. The requisition or papers MUST be put into the outside flap of the bag, and not in with the specimen. This is to avoid inadvertently contaminating the papers if the specimen should happen to leak.

h. When submitting multiple specimens such as urines, use one bio-hazard bag per specimen. Do not put multiple specimens into the same bag.

3. ACCEPTABLE CRITERIA

a. No specimen may be deemed unacceptable without supervisory review.

b. Unacceptable specimens are not returned to the requesting unit/office. The requesting unit is notified to submit a new sample and requisition.

c. Unlabeled specimens are not acceptable. Specimens submitted without a request form are not acceptable. Single samples (packaged with single requisitions) may be made acceptable by the submitting office labeling the specimen.

d. Mislabeled specimens (when request form and specimen identification do not match) are not acceptable.

e. All handwritten labels must be printed CLEARLY. Any handwritten labels which are difficult to read and subject to misinterpretation are not acceptable.

f. Inadequate samples (wrong collection tube type used, inappropriate age of sample, etc.) are not acceptable.

g. When a sample is deemed unacceptable the laboratory report must indicate the reason. For inpatient samples, a completed Occurrence report must be forwarded to the Department's Director. The Occurrence report is sent to the Risk Management/Quality Assurance Office.

h. Should a sample be deemed unacceptable after results have been reported, as in the case of the requesting unit discovering a mislabeling, the same protocol is followed. The results are replaced. Results will be transferred to another patient’s record after a

Specimen Accountability Statement is signed.

i. If a specimen is received:

(1) with a location code and no physician name, the specimen is not acceptable. The lab personnel receiving the specimen will contact the location code for a physician's name. If no name is given the specimen will be refrigerated until an authorized person provides the necessary information.

(2) with a physician name and no location, it is acceptable, but the report will only go to the physician.

j. Pathology specimens that are not refrigerated or formalin fixed within four hours are reviewed by the pathologist. Appropriate documentation is included in the final report.