KAISER MEDICAL CARE PROGRAM
ANAHEIM MEDICAL CENTER
POLICIES AND PROCEDURES

TITLE:	CLINICAL LABORATORY	INDEX NO:	07-300-I-01
SECTION:	SPECIMEN COLLECTION	ORGIN DATE:	5/09
SUBJECT:	SPECIMEN ACCEPTANCE/REJECTION	REVISION DATE	3/10, 9/11, 6/15

SPECIMEN ACCEPTANCE/REJECTION PROCEDURE

POLICY

SCPMG Clinical Laboratories shall follow a standardized specimen acceptance/rejection procedure in order to protect specimen quality, prevent patient identification errors, minimize risk of healthcare worker exposure, and comply with applicable regulatory and accreditation standards.

SPECIMEN TRANSPORT

In accordance with OSHA safety regulations, all primary specimen containers must be leak proof and placed in a secondary leak proof container for transport to the laboratory. Securely self-sealed plastic bags are used for this purpose. Specimens must be transported in a proper transport container and temperature requirement for the test ordered. Generate a Transfer List from Cerner and place it in the outer pocket of the tote.

SPECIMEN ACCEPTANCE POLICY

The responsibility for labeling a specimen and verifying all the information is that of the person who collects the specimens.
All specimens delivered to laboratory from a clinic or nursing units shall be accompanied by a Health Connect transmittal form.
The Health Connect transmittal must have the following information:

- Patient last name, first name
- Medical record number
- DOB
- Test(s) ordered
- Date and time of collection
- Collector's initials

The specimen must have the following information:

- Patient last name, first name
- Medical record number
- DOB
- Date and time of collection
- Collector's initials
- All non-blood specimens must be labeled with the specimen site and source

Note: Blood draws must have date/time collected and initials of collector on tube as these specimens are filed and may be utilized at a late time during the day.

SPECIMEN REJECTION

For specimens that do not meet the specimen acceptance criteria, the laboratory staff will promptly contact the patient location and recollection may be required. Unacceptable specimens may fall into one of the following categories:

- **Unlabeled specimen**: no label or patient identification on primary container
- **Mismatched specimen**: specimen identification information does not exactly match the information of the transmittal form
- **Mislabeled specimen**: specimen and requisition form identification information match, but the specimen belongs to another patient.
- **Unsatisfactory/sub-optimal specimens:** specimens with conditions which affect results such as QNS, improper collection container, transportation delays, improper storage
- **Specimens with needles attached/visible evidence of contamination.** The clinical laboratory will not accept any specimens with a needle attached or with any visible evidence of contamination by blood or body fluid on the outside of the fluid container.
- **Specimens without orders**

Tests ordered and accessioned but not performed because of incorrect specimen or condition of specimen will be resulted in Cerner by CLS's under "rejection module". The provider is notified by an "IN Basket message" through Health Connect of all rejected specimens.

IRREPLACEABLE CRITICAL SPECIMENS POLICY

All specimens **except** Transfusion Service specimens, random blood and urine specimens may be considered **irreplaceable** and **must not** be rejected until appropriate investigation is completed.
This includes specimens collected by nursing and lab staff.
The laboratory will handle the specimen to maintain its integrity and stability (e.g., iced refrigerated, covered, room temperature). Specimens must never be discarded without the approval of the provider.

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FOLLOW-UP ACTION FOR <u>IRREPLACEABLE</u> SPECIMENS:

LABORATORY COLLECTED SPECIMENS

STEP	ACTION
1.	Ascertain the reason for considering rejection of the specimen and consult with a supervisor or lead.
3	If after investigation, the supervisor feels the discrepancy can be resolved, make the necessary corrections and complete the "Specimen Problem and Investigation Form". The accessioner must add a comment on the accessioning screen to this effect.
4.	If the error cannot be resolved after investigation by a supervisor, the supervisor will determine the action to be taken. • Contact the provider directly and explain the problem • Ask the provider to reorder if specimen can be recollected.
5.	Complete a Test Deletion form if the specimen has been accessioned. See "Test Additions, Deletions, and/or Resulting Uncollected Specimens" procedure for instructions.
6.	Have a CLS result in the system as "Improperly submitted" and the reason.
7.	Place Test Deletion form in logbook.
8.	Complete the UOR-O form.
9.	Submit the "Specimen Problem and Investigation Form" to the Laboratory Quality Assurance Coordinator.

NURSE/PROVIDER COLLECTED SPECIMENS

STEP	ACTION
1.	Contact nursing staff or team leader and explain the discrepancy
2.	Consult a supervisor or lead person for assistance.
3.	If the specimen is a precious specimen and it is determined that the specimen error can be corrected, complete the "Specimen Problem and Investigation Form" (see attached) and submit it with the specimen. The accessioner must add a comment on the accessioning screen to this effect.
4.	If the error cannot be resolved, the nurse must: • Contact the provider directly and explain the problem • Ask the provider to reorder if specimen can be recollected.
5.	Complete a Test Deletion form if the specimen has been accessioned. See "Test Additions, Deletions, and/or Resulting Uncollected Specimens" procedure for instructions.
6.	Have a CLS result in the system as "Improperly submitted" and the reason.
7.	Place Test Deletion form in logbook
8.	Complete the UOR-O form.
9.	Complete a "Specimen Problem and Investigation Form" and submit to the Laboratory Quality Assurance Coordinator, if appropriate.

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FOLLOW-UP ACTION FOR REPLACEABLE SPECIMENS:

Hospital Lab Action

Step	Action
1.	Replaceable, unacceptable specimens as defined in the "Specimen Rejection" section are not tested.
2.	Complete a Test Deletion form if the specimen has been accessioned. See "Test Additions, Deletions, and/or Resulting Uncollected Specimens" procedure for instructions.
3.	Have a CLS result in the system as "Improperly submitted" and the reason.
4.	Place Test Deletion form in logbook.
5.	Complete a "Specimen Problem and Investigation Form" and submit to the Laboratory Quality Assurance Coordinator, if appropriate.
6.	Incorrect/incomplete lab orders entered in Health Connect will be called to the ordering provider or team leader to modify or re-order the test.

Mob Lab Action

Step	Action
1.	Replaceable, unacceptable specimens as defined in the "Specimen Rejection" section are not tested. Document action taken on the accessioning copy (include date/time, person who you contacted).
2.	MOB staff will complete a Test Deletion form if specimen has been accessioned, and fax to performing location. See "Test Additions, Deletions, and/or Resulting Uncollected Specimens" procedure for instructions.
3.	Performing location CLS will result test in system as "Improperly submitted" and the reason.
4.	MOB laboratory staff may phone the provider or team leader to reorder the test and notify the patient to return for recollection.
5.	Incorrect/incomplete lab orders entered in Health Connect will be called to the ordering provider or team leader to modify or re-order the test.

Document History Page

Change type: New, Major, Minor etc.	Changes Made to SOP – describe	Signature responsible person/date	Med. Dir. Reviewed/ Date	Lab Manager reviewed/ date	Date change Imp.
Major	Added provider notification method, added completion of Laboratory Problem/Incident Report Form for laboratory errors, added completion of Test Addition/Deletion form.	Mary Lou Beaumont 9/29/2011			
Major	• Updated Specimen Transport section. • Changed LMS to Cerner • Removed "Resolution Form" and "Laboratory Problem /Incident Report Form" and replaced with "Specimen Problem and Investigation Form".	Judith Remolar 6/5/2015			

Imp. =Implemented