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Laboratory Test Cancellations, Redraws and Result Correction on Unacceptable Specimens

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This procedure is to provide guidance for laboratory personnel to use when it becomes necessary to cancel testing in progress, mark orders for Redraw or make a result correction to a verified test result. All laboratory personnel who routinely handle the processing and testing of clinical specimens are responsible to notify the appropriate nursing units or Laboratory Customer Service when a determination is made that a specimen is **unacceptable** for testing. This includes, but is not limited to, Laboratory technologists, Laboratory technicians, Laboratory testing assistants and Specimen Processing staff.

II. POSSIBLE INDICATIONS FOR CANCELING:

The following list includes possible reasons a test may be canceled. This list is not all inclusive and there may be other indications for the cancellation of testing.

A. Clotted specimens such as Complete Blood Count (CBC) (EDTA-preserved)/Coagulation (sodium citrate) blood specimens
B. Specimens with varying degrees of hemolysis
C. Specimens contaminated with IV fluid or EDTA
D. Specimens which are improperly preserved (e.g. not iced, not light-protected)
E. Quantity not sufficient (QNS) specimens
F. Specimen collected into the wrong tube
G. Specimen tube broken and specimen compromised

H. Specimen is received after an unacceptable, prolonged delay in transit
I. Specimen lost in transit
J. Questionable results
K. Specimen prematurely discarded
L. Specimens collected/received at inappropriate day/time per the Lab Test Directory
M. Test ordered on wrong patient
N. Patient specimen not obtained
O. Improperly labeled tube
P. Mislabeled specimen

III. CANCELING OR REDRAW (UNVERIFIED) TESTS:

A. Canceling unverified tests or marking a test for Redraw can be performed from the Action Menu in many Beaker activities including:
    1. Receiving
    2. Specimen Inquiry (by Specimen)
    3. Outstanding List
    4. Result Entry
    5. Case Builder

B. Users can cancel at different points in the process:
    1. After the order is placed
    2. After the specimen is received in the lab
    3. After the test is resulted manually
    4. After the test has results filed from an instrument or interface but not yet final verified

C. Both Cancel and Redraw will remove tests from the specimen or container, but only Redraw will reorder the selected tests for recollection.

D. When Cancel or Redraw is selected, a dialogue box will pop up to obtain a cancellation reason with the ability to add comments. The appearance and fields are the same for canceling or redrawing a specimen. The difference is that only Redraw will send tests back to the collection queue. If a specimen was originally ordered as a lab collect, it will automatically be sent back to the collection queue for phlebotomy with the original priority of the order that was placed.
    1. **Note**: When using Redraw, a new order is not generated. It is using the original order placed by the practitioner. It will not display that the original sample was unacceptable in Chart Review. Lab will only be able to view that a specimen was entered for a redraw. **Nursing will only see the original order in the Lab tab in Chart Review with a "Needs to be Collected" status, but there will not be any notice on the**

order that it is a redraw in Epic.

E. **Once a test has been preliminary or final verified, a user will no longer be able to cancel the order or mark the order for redraw. In the event of a preliminary or final verified test, the lab staff will perform a result correction.**

F. **Clinical Pathology**

1. It is recommended lab personnel check with other departments/tracking for any additional possible unacceptable specimens before canceling or marking for redraw.
2. Lab personnel notifies the nurse of the specific incident and the need to cancel or redraw.
3. For on campus inpatients, lab personnel will mark the specimen for Redraw in Beaker if confirmed with unit to redraw or cancel if indicated.
4. For inpatients on other campuses:
    a. Testing lab calls the other campus unit to contact nurse/doctor about the needed cancellation or redraw.
        i. Redraw – Lab personnel will mark the specimen for Redraw in Beaker if confirmed with unit to redraw and document name/ employee identification number of the nurse notified.
        ii. Cancel – Lab personnel will cancel the test, document name/ID# of the nurse notified, and enter the appropriate cancellation comment.
5. For emergency center patients, communicate the need to cancel or redraw.
    a. Request by the emergency center to cancel: Lab personnel will cancel the testing and requests the nurse/provider place a new order(s) for the test(s) that need to be canceled with the appropriate status as the original order (i.e. routine or STAT, nurse collect, or lab collect).
    b. Request by the emergency center to mark for redraw: After the communication of the unacceptable specimen, lab personnel will mark the order for redraw.
    c. Note: For suspected contamination, refer to the Contaminated Specimens section.
6. Lab personnel cancels, in the LIS, the existing test(s) and:
    a. Documents the name/employee ID # of the nurse notified
    b. Enters the appropriate cancellation comment.

G. **Soft Bank**

1. If a sample is **received** in Beaker/Soft Bank, the unacceptable specimen/order will need to be canceled in Beaker. These specimens do not qualify to be marked as Redraw. These specimens need be canceled as follows:
    a. If the test is a complex test or basic test profile (i.e. Type and Screen or ABO/Rh), the specimen needs to be canceled in Beaker

b. If the test is a component of a complex test or a basic test profile (i.e. the screen portion of a Type and Screen), the test line needs to be canceled in Soft Bank.

2. If the test is a reflex order initiated in Soft Bank (i.e Antibody Panel), the test line needs to be canceled in Soft Bank.
3. If a specimen **has not been received** in Beaker, the unacceptable specimen will need to be canceled in Beaker or sent for Redraw.
4. Blood Bank will not cancel tests with verified results. Blood Bank will invalidate the results in Softbank.

H. **Anatomic Pathology Laboratory: Cancelling/Amendment/Modifying Patient Tests and Making Notifications**

1. If the patient is an inpatient and the laboratory has a question regarding requisition and / or specimen label, the lab personnel calls the requesting physician and:
    a. Notifies the physician or nursing staff of the issue.
    b. Nursing staff or lab personnel cancels or makes the appropriate changes to the order.
    c. Documents the name and date of notification.
    d. Enters the appropriate cancellation/amendment comment
2. If the patient is Outreach, a problem is entered as a follow up task in Beaker for Customer Service.
3. Cases that are resulted cannot be canceled, only amended.
4. If the requisition and specimen label are correct, but the order in the Laboratory Information System (LIS) is incorrect, the laboratory will make the appropriate changes to the order in the LIS without physician notification.

I. **Outreach and Outpatient Specimens**

1. Lab personnel identifies which test(s) needs to be canceled.
2. Lab personnel cancels the test(s), documents the reason and creates the follow up task.
3. In the Actions menu, lab personnel will enter a follow up task for Customer Service. In the follow up task, enter the specimen identification, select the appropriate tests for follow up, and select the follow up type. Free text any additional information in the comment box. Accept the task.
4. **Customer Services- Follow up task in Beaker:**
    a. Reviews the follow up task for cancellation in Beaker
    b. Call the physician office regarding the need to recollect for test(s)
    c. If patient was drawn by a Beaumont Laboratory employee or recollection is due to a Beaumont Laboratory error, ask the physician office if the “patient-call-back” should be made by the lab.

i. If **"NO"** (i.e. the doctor's office does not want the lab to call the patient back), Customer Services documents this information in Beaker.

ii. If **"YES"** (i.e. the doctor's office wants the lab to call the patient back), a follow up task in Beaker is sent to:

a. Patient Service Center (PSC) Phlebotomy

b. In Office Phlebotomy (IOP) Phlebotomy

5. **NOTES:**

a. If the Outpatient test is STAT and the Outpatient draw sites are closed, Customer Service contacts the physician and obtains the directive from the physician for the redraw process. If next day is appropriate, the above process will be followed. If an **immediate after hour** draw is necessary, Customer Service contacts a member of the phlebotomy management team to coordinate a draw. The patient may be instructed to come to one of the hospital campuses to have their labs recollected by the inpatient phlebotomy team.

IV. RESULT CORRECTION OF VERIFIED TEST RESULT(S):

Result correction on a verified test may be needed due to various reasons such as an incorrect test ordered, incorrect patient tested, the specimen integrity is unacceptable, collection information needs to be updated, or add-on testing to verified tests that are part of the add-on panel.

A. **Result correction on verified test result(s):**

1. Go to Specimen Update, enter the specimen identification number (ID) and select **Accept**. Open **Result Correction** under the **Action Menu**.
2. Select the test(s) that need correction by checking the box at the top right of each test or panel section within the pop up window.
3. Select the reason for correction and confirm.
4. Open Result Entry and back space out the results.
5. For a result or collection information correction, input correct information and verify.
6. For removing a result, a comment MUST be added under the "C" (comment) column to verify the tests without values.
7. Lab personnel documents the communication with the provider on the corrected results. Refer to the procedure Notification of Corrected Laboratory Results.
    a. Inpatient/EC: Document the communication in the Communication Log by changing the topic field to "Result Correction".
    b. Outreach/Outpatient: Enter a Follow Up task for Client Services to follow up.
8. Verify all results.

B. **Result correction on verified test result(s) with test add on(s) with shared components:**

1. Go to Specimen Update, enter the specimen ID and select **Accept**. Open **Result Correction** under the **Action Menu**.
2. Select the reason for correction and confirm.
3. Return to **Specimen Update** and order the correct test by clicking **Add-Ons**. The add-on can either be a new order or pulled from existing orders. Make sure to select Accept on the **Specimen Update** activity.
4. Pull up the new test in **Result Entry** (orders will be on the **Outstanding List**). Tests may be rerun or sent retransmitted from instrumentation/transcribed from existing results. For example, the screen results from the Drug of Abuse Panel (DAUP2) can be entered into the Comprehensive Drug Screen (CMPD2), or results from a basic metabolic panel (BMP) and to a comprehensive metabolic panel (CMP).
5. Perform the additional testing and verify all results.
6. Follow cancel charges steps.

V. CANCEL CHARGES:

Cancel charges will need to be done for wrong patient/wrong registration or scenarios such as the test was ordered incorrectly and determined it must remain in the chart.

A. **Steps to canceling charges**:

1. Enter **Specimen Inquiry (By Specimen)**
2. Input the order number and continue
3. Scroll down to **Charge Summary** section and click the **X** on the canceled test
4. Select a reason from the list and click Accept

B. **Notification to Data Integrity**: Any time results are canceled after verification on a wrong patient/wrong registration (WPR), Laboratory personnel will enter a Quality Safety Report (QSR) in RL Solutions. Staff also emails DataIntegrity@Beaumont.org with the wrong patient/wrong registration information including the QSR number. An IT ticket is submit to review data that may have been released via the Health Information Exchange (HIE).

1. Example of verbiage for the IT Ticket: “Please check for any downstream reporting to HIEs (Care Everywhere, eHealth, Carequality, MiHiN, others), ordering provider, and private practice EMR integrations, connected to the patient and lab results for date of service listed in this ticket.”.
2. Note: Lab personnel can give the patient information for a wrong patient/wrong registration to the Lead Med Tech or Manager to input the follow up emails, QSR and IT ticket.

VI. PATIENT CALL BACK PROCEDURES - OUTPATIENT PHLEBOTOMY MANAGEMENT FUNCTION:

A. The Phlebotomy supervisor or designee:
    1. Calls the patient back.
    2. Documents in follow up task to indicate if the patient will be returning for a redraw or not.
    3. Confirms (with the patient) the specific draw site that he/she will be visiting (since the patient info will be at that site). The table of draw sites is available on the Beaumont Laboratory website.
    4. Confirms the draw site has the patient's script with documentation of what needs to be redrawn and instructs the draw site as needed.

B. When the Call-back Activity is Unsuccessful
    1. If Phlebotomy supervisor/designee is **unable to reach the patient** with the first call, document the date and time of the call in the follow up task and try again.
    2. If Phlebotomy supervisor/designee is unable to reach the patient on the second and third tries, document the multiple calls (date and time) in the follow up task.
    3. Phlebotomy management contacts the physician office notifying that attempts to contact patient were unsuccessful. Phlebotomy management documents call to office and closes follow up task.

C. Recollecting a specimen with a changed order or add-on orders: It is necessary Outpatient (OP) Lab personnel retrieve a copy of the **original order form** from Media in Epic. A copy of this order form must be in the hands of OP Lab staff before the specimen can be recollected. Exceptions may include verbal consent from a manager or supervisor under special circumstances.

VII. HOW TO PROCEED WITH MISLABELED/ WRONG-PATIENT-DRAWN SPECIMENS:

When the secretary/nurse or the laboratory technologist is informed or suspects that a specimen is **mislabeled** or drawn from the **wrong patient**:

A. Lab personnel investigates and confirms that the tube is mislabeled or drawn from the wrong patient. In many cases, important information can be gained by reviewing **result trends** in Chart Review or by verifying the **band #** (B#)written on the specimen.

B. For the resolution of serious cases, the Blood Bank can provide ABO typing of the specimen to help with the investigation. Such typing will be performed by **special request** only.

C. When the "mislabel / wrong patient drawn" situation is confirmed, the lab personnel does the following:

1. For inpatient specimens, the lab places a call to the specific nursing unit and notifies the nurse of the error.
    a. Request that the nursing unit reorder the specific tests in question as STAT.
    b. Ask the nurse for his or her name and hospital employee identification number.
    c. The lab personnel checks Chart Review and **cancels or does a result correction on ALL** specimens that are suspected/ determined to be mislabeled or "wrong patient drawn" and enters the reason for cancellation/result correction. Documents the name and employee I.D # of the nurse in the LIS.
2. For outpatient/Outreach specimens, the lab will:
    a. Pull all specimens from that draw for investigation and follow up. Specimens are verified for labeling and corrected or canceled, depending on the resolution.
    b. Place a call to Client Services to notify of a mislabel/wrong patient registration.
    c. Enter a follow-up task (Wrong Patient Registration(WPR)/Specimen Labeling Error (SLE)).
    d. The lab personnel checks Chart Review and **cancels or does a result correction on ALL** specimens that are suspected/ determined to be mislabeled or "wrong patient drawn" and enters the reason for cancellation/result correction. Documents the name and employee I.D # of the person notified in the LIS.
3. For irretrievable specimens, refer to:
    a. Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Troy: Irretrievable Specimen Handling
    b. Dearborn, Taylor, Trenton, Wayne: Acceptable Laboratory Specimen Criteria - Inpatient
4. **Notification to Data Integrity**: Any time results are canceled after verification on a wrong patient/wrong registration (WPR), Laboratory personnel will enter a Quality Safety Report (QSR) in RL Solutions. Staff also emails DataIntegrity@Beaumont.org with the wrong patient/wrong registration information including the QSR number. An IT ticket is also be submit to review data that may have been released via the Health Information Exchange (HIE).
    a. Example of verbiage for the IT Ticket: "Please check for any downstream reporting to HIEs (Care Everywhere, eHealth, Carequality, MiHiN, others), ordering provider, and private practice EMR integrations, connected to the patient and lab results for date of service listed in this ticket.".
    b. Note: Lab personnel can give the patient information for a wrong patient/ wrong registration to the Lead Med Tech or Manager to input the follow up

emails, QSR and IT ticket.

D. **If any of the specimens from the same draw in question were sent to the Blood Bank for testing, call Blood Bank immediately:**
    1. **Dearborn (313)-593-7900, Option #3**
    2. **Farmington Hills (248)-471-8241**
    3. **Grosse Pointe (313)-473-1949**
    4. **Royal Oak (248)-898-9010**
    5. **Troy (248)-964-8020**
    6. **Taylor (313)-295-5372**
    7. **Trenton (734)-642-2263**
    8. **Wayne (734)-467-4285**

E. If any of the specimens in question are shared by other lab areas:
    1. Notify each of the sections of the discrepancy.
    2. Request the affected sections **sequester** the specimen(s) in question until the incident is investigated and resolved.
    3. Notify the appropriate technical manager of the error. Leave a message for this person, completely describing the incident. Follow-up with the appropriate section Lead Medical Technologist.
    4. If a **phlebotomist** was involved in the labeling error or wrong-patient draw, immediately **notify the Phlebotomy supervisor** or designee so the incident can be investigated and the specimen redrawn.
    5. Initiate a Quality and Safety Report (QSR) in RL Solutions, giving a complete description of the incident.

F. **Notification to Data Integrity**: Any time results are canceled after verification on a wrong patient/wrong registration (WPR), Laboratory personnel will enter a Quality Safety Report (QSR) in RL Solutions. Staff also emails DataIntegrity@Beaumont.org with the wrong patient/wrong registration information including the QSR number. An IT ticket is submit to review data that may have been released via the Health Information Exchange (HIE).
    1. Example of verbiage for the IT Ticket: “Please check for any downstream reporting to HIEs (Care Everywhere, eHealth, Carequality, MiHiN, others), ordering provider, and private practice EMR integrations, connected to the patient and lab results for date of service listed in this ticket.”.
    2. Note: Lab personnel can give the patient information for a wrong patient/wrong registration to the Lead Med Tech or Manager to input the follow up emails, QSR and IT ticket.

VIII. CONTAMINATED SPECIMENS (SEE DETAILED DEPARTMENT-SPECIFIC

PROCEDURE AS APPLICABLE):

When lab personnel suspect that an inpatient specimen is contaminated with total parenteral nutrition (TPN), saline, dextrose, any other IV fluid or EDTA, he/she:

A. Suspected IV fluid contamination:
    1. Investigates and confirms the specimen is contaminated. This information is supported by reviewing result trends in the laboratory information system (LIS) Chart Review and by calling the nurse in charge to verify that the patient is receiving IV fluids.
    2. Calls nursing unit to notify the specimen may be contaminated with IV solution. Communicate with nursing critical and/or suspicious results. Results are released with the comment below, even if the sample is suspected to be contaminated.
        a. Documents in the LIS the following result comment: “Possible specimen contamination with IV fluid, IV medication or TPN solution. Interpret results with caution. Appropriate samples drawn at this time will be re-ordered by the laboratory. Please contact the lab to cancel this test if desired. RN#_____ alerted.” (.cont)
        b. To enter the comment, type ".CH07" in the comment field and select Accept.
    3. If the nurse requests to cancel the tests, the technologist will state the lab policy is to release results with a comment stating IV contamination is suspected.
    4. If it is decided by the physician the first sample was contaminated with IV fluid, the physician or nurse may call the Laboratory to do a result correction on the verified results.
    5. The technologist will reorder or request the unit to reorder all tests that were collected at the same time as the suspected contaminated sample, depending on the communication from the provider.
    6. Phlebotomy collects specimen STAT or coordinates with nursing as requested.
    7. Notifies the appropriate technical manager or designated technologist (section where the error was discovered) of the error. Create a Quality Safety Report (QSR), giving complete description of the incident.

B. Suspected EDTA specimen contamination:
    1. EDTA contamination will affect certain chemistry assays. When the chemistry technologist/technician suspects EDTA contamination, he/she:
        a. Inpatient:
            i. Call the nursing unit to notify the specimen may be contaminated with EDTA. Communicate with nursing critical and/or suspicious results.
            ii. Cancel or mark for redraw, depending on the communication with the unit, all Automated Chemistry tests on the affected

specimen, as well as Special Chemistry and Coagulation tests from the same draw time.

iii. Enter the reason for cancellation as “results suggestive of EDTA contamination”.

a. To enter the comment, type ".CH07" in the comment field and select accept.

b. Document the name and employee ID # of the nurse notified in the LIS.

b. Outpatient/Outreach:

i. Cancel the testing with a comment

ii. Add a follow up task with the appropriate comment for Client Services to contact client

IX. HOW TO PROCEED WHEN TEST IS PERFORMED THAT WAS NOT ORDERED BY THE PROVIDER OR ORDERED IN ERROR BY LABORATORY:

A. Validation testing performed by Beaumont Laboratory is performed on de-identified specimens when possible.

B. If testing is performed and verified on an **inadvertent test** which was **not ordered** by the physician, a result correction removing the results must be performed UNLESS such results are critical/abnormal.

C. If the test results in a **critical or abnormal value**, laboratory personnel consults with their Medical Director/Technical Director staff for next steps. Laboratory Medical Director or Technical Director staff assesses abnormal/critical results and if deemed clinically relevant, requests that laboratory staff contact the treating provider to inform them of such results and request an “Add on” order. This call must be documented.

D. The techs cancel charges at the point of order placement of the test that yielded an abnormal/critical result so there no charge to the patient.

E. If the treating provider declines to provide an **“Add on”** order for the unordered test, **lab personnel contact the section Medical Director for next steps**. Section Medical Director contacts the treating provider to inform them that the order will be placed (at no charge) with a note that abnormal/critical results were communicated to treating provider in the comment section of the LIS.
NOTE: *If testing is performed for scientific, quality or teaching purposes; efforts should be made by the testing laboratory to de-identify the specimen prior to performing such testing.*

Approval Signatures

Step Description	Approver	Date
CLIA Site Licensed Medical Directors	Jeremy Powers: Chief, Pathology	3/21/2023
CLIA Site Licensed Medical Directors	Ann Marie Blenc: System Med Dir, Hematopath	3/17/2023
CLIA Site Licensed Medical Directors	Ryan Johnson: OUWB Clinical Faculty	3/7/2023
CLIA Site Licensed Medical Directors	Vaishali Pansare: Chief, Pathology	3/6/2023
CLIA Site Licensed Medical Directors	Kurt Bernacki: System Med Dir, Surgical Path	3/3/2023
CLIA Site Licensed Medical Directors	John Pui: Chief, Pathology	3/3/2023
CLIA Site Licensed Medical Directors	Muhammad Arshad: Physician	3/3/2023
Policy and Forms Steering Committee Approval (if needed)	Jennie Green: Mgr, Division Laboratory	3/3/2023
Policy and Forms Steering Committee Approval (if needed)	Gail Juleff: Project Mgr Policy	3/3/2023
	Sarah Britton: VP Laboratory Svcs	3/2/2023
Operations Directors	Joan Wehby: Dir, Lab Operations C	2/24/2023
Operations Directors	Amy Knaus: Dir, Lab Operations C	2/15/2023
Operations Directors	Brittnie Berger: Dir, Lab Operations C	2/15/2023
Operations Directors	Kimberly Geck: Dir, Lab Operations B	2/15/2023
Operations Directors	Elzbieta Wystepek: Dir, Lab Operations B	2/14/2023
Quality Best Practice	Jennie Green: Mgr, Division Laboratory	2/14/2023
	Jennie Green: Mgr, Division Laboratory	2/14/2023