

# Beaumont

Origination 1/31/2020  
Last 2/21/2024  
Approved  
Effective 2/21/2024  
Last Revised 2/21/2024  
Next Review 2/20/2026

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Spec, Operations  
Area Laboratory-  
Quality  
Applicability Dearborn

## Laboratory Quality Assessment/Improvement Incident Report - Unacceptable Inpatient Specimen

Document Type: Procedure

### I. PURPOSE AND OBJECTIVE:

To obtain complete information and details for unacceptable specimens and document how they were addressed. Complete and detailed information is required so that a report can be filed in the hospital RL Solutions reporting system for investigation and process improvement.

### II. PROCEDURE:

- A. Fill out each section of the Unacceptable Specimen form as neat and detailed as possible. Affix a container label in the upper right hand corner of the form.
  1. **Patient Information:** Provide the patient's name, Medical Record Number, Date of Birth, Location, and Physician/Client Name (Outpatient). Attach a container label.
  2. **Notification and Resolution Information:**
    - a. **Notification:** The Lab employee that calls the Charge Nurse or ACM (Assistant Clinical Manager) documents their Tech Code and name, their department, the date and time of notification, and the person that they notified of the issue.
    - b. **Resolution:** This is the area the Lab employee documents the phone conversation and resolution. Examples: Recollecting specimen, Nurse coming to verify information and sign form.
  3. **Unacceptable Specimen Information:** This area is to be filled out for any type of unacceptable specimens that are not listed as a Blood Culture Exception. Examples: Mislabeled specimens, unlabeled specimens, improperly collected specimens,

unacceptable containers, etc.

- a. Document the date and time of the specimen collection
  - b. Document the specimen type
  - c. Document the description of the Occurrence
  - d. Complete the notification, resolution, and labeling fields as required.
4. **Blood Culture Exceptions:** This area is to be filled out for blood culture that have any of the following missing information and an Emergency Department (ED) staff member or Unit Nurse must provide the missing information.
- a. No Collect Time or duplicate times for both sets
  - b. No Collector Identification
  - c. No Label Attached
  - d. No Order in Epic
  - e. Complete the notification, resolution, and labeling fields as required.
5. **Specimens Requiring Relabeling (For difficult or irretreable recollections and Blood Cultures. Refer to the Irretrievable Specimen Handling procedure) :** This area is to be filled out when nursing personnel or a physician come to the laboratory to assume responsibility that the specimen is correctly identified and collected. Blood and urine should be recollected unless approved by a Laboratory Manager. **Blood Bank Specimens are NEVER to be relabeled**
- a. Indicate the date and time of the correction
  - b. The Nurse or Physician needs to select which box they are doing and provide appropriate label/information.
  - c. The Nurse or Physician needs to sign the form assuming responsibility for the correct identification and collection of the specimen.
6. **Submission of Form** – Each site should have a designated area for form to be put after completion as these are legal documents that need to be saved.
7. **RL Solutions** – Each site will enter their Unacceptable Specimen forms in RL Solutions.

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## Attachments

[Unacceptable Specimen Form](#)

## Approval Signatures

**Step Description**

**Approver**

**Date**

Medical Director	Jeremy Powers: Chief, Pathology	2/21/2024
Policy and Forms Steering Committee Approval (if needed)	Kimberly Cole: Spec, Operations	2/9/2024
	Christopher Ferguson: Mgr, Laboratory	2/9/2024
	Kimberly Cole: Spec, Operations	2/9/2024

## Applicability

Dearborn

COPY



**Beaumont Laboratory**  
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**QUALITY ASSESSMENT / IMPROVEMENT INCIDENT REPORT**  
**UNACCEPTABLE SPECIMEN**

<b>PATIENT INFORMATION</b> Name: _____ Medical Record Number: _____ Date of Birth: ___/___/___ Location: _____	<b>Print Container Label Attach Here</b>
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**NOTIFICATION AND RESOLUTION INFORMATION**

Lab Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Notification Date/Time: \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_  
Person Notified: \_\_\_\_\_ (Notify Charge Nurse for DBN Emergency Patients 1-947-522-9523)  
**Resolution:** \_\_\_\_\_

**UNACCEPTABLE SPECIMEN INFORMATION** Date/Time: \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_

Specimen Type (i.e. blood, urine, CSF, surgical, fluid, tissue, wound): \_\_\_\_\_  
Description of Occurrence  
 Mislabeled (Name on the Specimen) \_\_\_\_\_  
 Unlabeled  
 Other - \_\_\_\_\_  
**Complete Notification, Resolution, and Labeling fields.**

**BLOOD CULTURE Exceptions** Date/Time: \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_

 No Collect Time  
 Same Time on Both Sets  
 No Collector Identification  
 Proper Labeling not performed per protocol  
 No Order in Epic Beaker  
**Complete Notification, Resolution, and Labeling fields.**

**SPECIMENS REQUIRING RELABELING (For difficult recollections and Blood Cultures)**

 Labeled  
 Relabeled  
 Recollected  
 BC Exceptions Corrected: \_\_\_\_\_  
Date/Time of Correction: \_\_\_/\_\_\_/\_\_\_ at \_\_\_:\_\_\_

*“By signing this form, I assume the responsibility that this specimen is correctly identified and collected.”*

Caregiver Full Name (please print legibly): \_\_\_\_\_  
Caregiver Signature: \_\_\_\_\_

