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Area	Laboratory-Processing
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Irretrievable Specimen Handling

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document describes how to properly handle specimens designated as “irretrievable” when received in the Laboratory without proper orders, unlabeled specimens (Also referred to as No Identification (NID) specimens), or labeling discrepancies (Also referred to as Requisition/Specimen Mismatch (RSM) specimens) during laboratory receipt, processing, delivery, testing, and storage of specimens and results.

II. DEFINITIONS:

A. **Irretrievable Specimens** are defined as specimens that are extremely difficult or impossible to recollect due to the nature of the specimen or due to unique circumstances under which the specimen was obtained.

B. Examples of irretrievable specimens are listed below:

1. Fresh or fixed tissues, bone marrows, biopsies and fine needle aspiration specimens.
2. Fluids, e.g., amniotic, Cerebral Spinal Fluid (CSF), synovial, peritoneal and pericardial fluids. ***Blood and urine are not considered “fluid”***
3. Cytogenetic specimens.
    a. Cytogenetic specimens require delivery of the entire specimen (all containers) before distribution to all labs. Cytogenetics staff will forward the specimen after testing. To contact the on-call Cytogenetics person, call 248-995-4795.

III. PROCEDURE:

A. **Inpatient**

1. **No Orders or Order Clarification:**
    a. Call the unit to have them add orders. Once the order is received proceed as indicated.

2. **Inpatient unlabeled or labeling discrepancies:**
    a. If the specimen is determined irretrievable it may be relabeled, the person responsible for collecting the original specimen must come to the Laboratory to accurately label the specimen per your site procedures.
        i. Dearborn - Laboratory Quality Assessment/Improvement Incident Report - Unacceptable Inpatient Specimen (Dearborn)
        ii. FH, GP, RO, Troy - Correction of Information on Specimen Labels: Proper Handling of Unlabeled / Mislabeled Specimens

B. **Outreach**

1. **Outreach with Qualifying Presumptive Testing**
    a. Create an order based on patient information on the requisition and accompanying paperwork or on the specimen if you have 3 identifiers to register the patient but no requisition or paperwork.
    b. Order the approved presumptive testing and add a presumptive testing flag as indicated in the Specimen Processing Laboratory Presumptive and Rainbow Testing procedure.
    c. Print the Contact Serial Number (CSN) label so that the requisition can be imaged and available for Client Services to review.
    d. Once order is completed and label printed, create a Irretrievable Follow-Up Task for Client Services to resolve.
    e. Label the irretrievable specimens.
    f. Specimens will then be delivered to the designated testing departments. **Irretrievable specimens are not to be held in any problem bins in Processing to await resolutions.**
    g. Fluids and fluid tracking forms will be completed split and distributed as indicated at your specific site procedures.
        i. Dearborn Body Fluid – Interdepartmental Handling and Cerebral Spinal Fluid - Interdepartmental Handling
        ii. Royal Oak Fluid Specimens - Royal Oak
    h. Presumptive testing will be performed and results held until Client Services resolves
    i. Each testing department will maintain a Problem Specimen Folder or designated area which will contain results on the irretrievable specimens.

2. **Outreach without Qualifying Presumptive Testing** such as fresh or fixed tissues, bone marrows, biopsies and fine needle aspiration:
    a. Contact the physician's office to resolve unlabeled or labeling discrepancies. If the specimen integrity would be at risk page the physician that collected the specimen.
        i. An affidavit stating the nature of the problem will be faxed for the physician's/clinician's signature to proceed with testing. Only the physician's or licensed care giver's signature is acceptable.
            a. Unacceptable Specimen Form – Dearborn, Taylor, Trenton, Wayne
            b. Specimen Relabel Form - FH, GP, RO, Troy
        ii. Once the above signed forms are returned to the department proceed with ordering the requested tests.
    b. For sites that have Client Services resolve the issues:
        i. Create an order based on the patient information on the requisition and accompanying paperwork.
        ii. Print the CSN label so that the requisition can be imaged and available for Client Services to review.
        iii. Once order is completed and label printed, create an Irretrievable Follow-Up Task for Client Services to resolve.
        iv. Label the irretrievable specimens.
        v. Specimens will then be delivered to the designated testing departments.

C. **Resolution**: Client Services or Department (per site/department process) will do the following:
    1. **Unlabeled or labeling issues:**
        a. Contact the physician/clinician office to resolve unlabeled or labeling discrepancies. If the specimen integrity would be at risk page the physician that collected the specimen.
        b. An affidavit stating the nature of the problem will be faxed for the physician's /clinician's signature to proceed with testing. Only the physician's or licensed care giver's signature is acceptable.
            i. Unacceptable Specimen Form – Dearborn, Taylor, Trenton, Wayne
            ii. Specimen Relabel Form - FH, GP, RO, Troy
        c. Once the signed Client Services Patient Identification Discrepancy Form or above forms are returned to the department proceed with ordering the requested tests.
        d. Resolve Follow-up and Presumptive Test Flag if needed.
    2. **No Orders or Order Clarification:**

a. Contact the physician office to obtain or clarify orders.
b. Once orders are obtained proceed with ordering requested tests.
c. Resolve Follow-up and Presumptive Test Flag if needed.

D. **Notes:**

1. Hand deliver these specimens to designated testing areas. **Do NOT send via the Tube System.**
2. Consult with the manager, supervisor, lead, or on-call staff if there is any question(s) about handling of Irretrievable Specimens.
3. This procedure is a corporate Processing procedure. If applicable, refer to your department site specific procedures for additional Irretrievable Handling Requirements.

Attachments

Specimen Relabel Form - FH, GP, RO, Troy

Unacceptable Specimen Form - Dearborn, Taylor, Trenton, Wayne

Approval Signatures

Step Description	Approver	Date
CLIA Medical Directors	Ann Marie Blenc: System Med Dir, Hematopath	2/1/2024
CLIA Medical Directors	Vaishali Pansare: Chief, Pathology	1/4/2024
CLIA Medical Directors	Jeremy Powers: Chief, Pathology	1/3/2024
CLIA Medical Directors	John Pui: Chief, Pathology	1/2/2024
Policy and Forms Steering Committee Approval (if needed)	Michelle Fischer: Mgr, Lab Support Svcs	1/2/2024
Lab Operations Directors	Joan Wehby: Dir, Lab Operations C	1/2/2024
Lab Operations Directors	Kimberly Geck: Dir, Lab Operations B	12/28/2023

Lab Operations Directors	Elzbieta Wystepek: Dir, Lab Operations B	12/28/2023
Lab Processing Best Practice Committee	Michelle Fischer: Mgr, Lab Support Svcs	12/28/2023
	Michelle Fischer: Mgr, Lab Support Svcs	12/28/2023

Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Troy