PROCEDURE
Corewell Health East - Patient Identification for Specimen Collection and Labeling - Dearborn, Taylor, Trenton, Wayne

This Procedure is Applicable to the following Corewell Health sites:
Corewell Health Dearborn Hospital, Corewell Health Taylor Hospital, Corewell Health Trenton Hospital, Corewell Health Wayne Hospital

Applicability Limited to: N/A

Reference #: 33281

Version #: 2

Effective Date: 09/25/2025

Functional Area: Clinical Operations, Laboratory

Lab Department Area: Lab - Specimen Processing

1. Principle
This document provides guild lines for the proper identification of patients prior to specimen collection, labeling, and processing.

2. Responsibility
Personnel who have completed the competency requirements will perform these tasks.

3. Policy
A. Patients shall be properly identified with at least two patient specific identifiers prior to specimen collection. Acceptable identifiers include patient full name, date of birth (DOB), medical record number (MRN), requisition number, accession number or other unique identifier. (Hospital Room numbers are not an acceptable identifier).
B. Hospital Inpatients and select Outpatients require a B# wristband which will have an additional unique identifier called the B#. The B# consist of two prefix letters, a four-digit number, and a suffix letter which is imprinted on the wristband by the manufacturer. Example: BY1234G.
C. The patient's identity should be verified by asking the patient to identify themself whenever it is practical to do so. If the patient is not capable of responding, using the Rover as an acceptable method of identification.
D. All primary specimen containers are to be labeled with at least two patient-specific identifiers such as full name and date of birth or medical record number.
E. The identifying label must be attached to the primary specimen containers at the time of collection. Specimen containers must never be pre-labeled prior to collection.
F. Specimen collection labels must match any documentation (requisition) that is submitted with the specimen.
G. Specimens must be properly labeled and legible with the patient's first and last name, MRN, B# (if applicable), collection date and time, and the following identification of the person collecting the specimens:

1. Non-Laboratory Staff – Must write their Epic/OneChart log-on ID, or first initial and complete last name if Epic/OneChart log-on ID is not applicable. When Beaker labels are printed this information is included.
2. Laboratory Phlebotomists – Must write their Epic/OneChart log-on ID. When Beaker labels are printed this information is included.

H. All pre-transfusion specimens must be labeled with the patient's B#. Specimens will be rejected if labeling requirements are not met.

4. Procedure

A. Inpatients

1. PROPER PATIENT IDENTIFICATION is an IDENTIFICATION (ID) BAND with the patient's NAME, MEDICAL RECORD NUMBER (MRN), (DOWNTIME NUMBER if applicable) and DATE OF BIRTH (DOB) placed on the patient's extremity, usually the wrist. Before collecting any specimens from a patient, staff must check the Patient Identification Band for proper identification. This is done by comparing **each** lab specimen collection label generated from the lab computer system (LIS) to the patient's ID band. The patient should also be asked to state their name and date of birth, if possible. (The patient is not to be drawn or specimens collected if there is any discrepancy between the label, the patient's verbal reply and/or the ID band.)
2. The patient's complete correctly spelled first and last name is required. However, patients' names with many characters may be truncated on the computer-generated specimen collection labels. Identification is considered acceptable as long as the label and wristband are compared to the computer record and the discrepancy can be attributed to the truncation of characters on the computer-generated specimen collection label. Nursing personnel are to be notified immediately of any issue, and blood drawn only after the problem is resolved.
    a. Once it is determined that the information on the specimen collection label(s) matches the patient's ID band and any other information provided, the specimen can be collected. These specimens must be labeled at the bedside using the computer-generated specimen collection label with patient first and last name, MRN, B# (if applicable), collection date and time, and the identification of the person collecting the specimens. When Beaker labels are printed this information is included on the label.
3. Using Beaker Rover or OneChart Specimen Collection for Positive Patient Identification:
    a. Scan the patient's ID band before drawing the patient.
    b. Enter~~ing~~ the patient's B# if it is a required field.
    c. Specimen collection labels will print.
    d. After drawing the patient, all tubes must be labeled immediately at the patient's bedside. After labeling you must scan EACH specimen collection label. This creates a link between the patient and the specimen.
4. During a downtime situation when specimen collection labels are unavailable, label the specimen with the patient's name, DOB, MRN, B# (if applicable), collection date and time, and phlebotomist or Non-Lab Staff identification as stated above. The phlebotomy identification process is not considered completed until each labeled tube is compared to the patient's identification band.
5. **UNBANDED PATIENTS ARE NOT TO BE DRAWN**. The laboratory staff will notify the caregiver so that an ID band can be applied. After the ID band is applied and identifiers match, the patient may be drawn.
    a. Document the missing band by placing a defer comment in the patient summary on the ROVER.
    b. If difficulty is experienced with proper patient identification, contact the Phlebotomy Senior Lab Support Tech As Soon As Possible (ASAP). In the event a Phlebotomy Senior Lab Support Tech is not available, contact the Laboratory Supervisor/Manager or Charge Technologist.
    c. Each of these events should be entered into the Event Reporting System (ERS).
6. Laboratory personnel cannot place a patient identification band on a patient.

7. Laboratory personnel who do not comply with the Patient Identification Policy will be subject to corrective action consistent with the Human Resource Department policy of progressive disciplinary action.

B. **Outpatients**

1. Before beginning a venipuncture procedure, confirm the reason for the patient's visit is for lab work (phlebotomy) and not another procedure (i.e. XRAY).
2. Verify the patient's identity by asking them to state their full name and date of birth. Compare the information given against the requisition (specimen order), LIS and the computer-generated specimen collection label(s). If there is a discrepancy in any of this information do not proceed with drawing the patient's blood until the patient's information has been clarified.
3. After the computer-generated lab labels are placed on the specimens the draw site phlebotomist is to verify the patient's full name and birth date by asking the patient to state them again while checking against each labeled tube. The patient's complete correctly spelled first and last name is required. However, patients' names with many characters may be truncated on the computer-generated specimen collection labels; identification is considered acceptable as long as the Lab label and wristband (if applicable) is compared to the computer record and the discrepancy can be attributed to the truncation of characters on the computer-generated specimen collection label.
4. If there are no labels printed at the draw site, the phlebotomist will label the tubes chair side in the presence of the patient. The phlebotomist will have the patient spell their full name while labeling the specimens.
5. A properly labeled specimen needs to include the patient's first and last name, DOB, MRN, collection date and time, and phlebotomist identification consisting of their Epic/OneChart log-on ID or first initial and complete last name if network ID is not available.

C. Procedure Notes

1. Specimen identification will be checked at all steps of processing in the laboratory either through visual inspection of the label or through automated barcode scanning. The laboratory will not process any blood specimens received unlabeled or incorrectly labeled. Blood specimens received unlabeled must be recollected and labeled correctly. Any documentation submitted with the specimen must have the same patient name and second patient identifier as the specimen. If the name on the specimen and the requisition do not match, the specimen should be rejected. The caregiver will be notified immediately when a specimen is received that is an unacceptable specimen. Documentation of the unlabeled/mislabeled specimen will be logged on a Quality Assessment / Improvement Incident Report for Unacceptable Specimens. (See Attachment.) Corewell Health East - Laboratory Test Cancellations, Redraws and Result Correction on Unacceptable Specimens - All Beaumont Hospitals.
2. Mislabeled and unlabeled specimens will be recollected with the exception of those specimens designated as "irretrievable" that cannot or should not be collected again. Such specimens include fresh tissues, bones marrows, biopsies, cerebral spinal fluid (CSF) and body fluids and some culture specimens. Other specimens must be brought to the laboratory supervisor/manager for review before allowing relabeling. Corewell Health East - Proper Handling of Unlabeled / Mislabeled Specimens - All Beaumont Hospitals.
3. Unlabeled specimens that are **not** considered irretrievable (blood and urine specimens) are immediately disposed of at the Dearborn, Taylor, and Trenton sites. The Wayne site keeps all unlabeled specimens that are **not** considered irretrievable (blood and urine specimens) for 1 month before disposing of them.
4. Specimens that are relabeled because the computer-generated specimen collection labels were unavailable at the time of collection should be labeled in such a manner that, at minimum, the original name is visible so that correct relabeling can be verified at each step of processing and testing.

5. Specimen aliquots and dilutions are labeled such that their integrity and identity can be verified during every phase of the testing process. Identifying information will include the patient's name, number from the laboratory requisition, specimen ID number, ect.

5. Revisions

Corewell Health reserves the right to alter, amend, modify or eliminate this document at any time without prior written notice.

6. Procedure Development and Approval

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7. Keywords

COM.06300, COM.06100, Patient Identification, Labeling Tubes