

SAINT FRANCIS LABORATORY SAFETY TRAINING

Blood Bank
Mislabelled or Unlabelled
Specimen Reporting



TRAINING OBJECTIVES

This training is intended to define acceptable use of mislabeled or unlabeled specimen reports as they pertain to blood bank testing.

Saint Francis Health System **IRRETRIEVABLE- MISLABELED OR UNLABELED SPECIMEN REPORT**
INPATIENT USE ONLY- YALE/SOUTH/VINITA/MUSKOGEE

THIS FORM IS TO BE USED FOR IRRETRIEVABLE SPECIMENS ONLY. ALL OTHER MISLABELED/UNLABELED SPECIMENS MUST BE RECOLLECTED PER LAB POLICY.

Irretrievable specimens include but are not limited to:
 CSF, fluid aspirates, tissue, arterial, pediatric patients and suprapubic or catheter specimens.
The use of this form is limited to: Supervisor, Lead and Tech-in-charge.

Patient Name in Full _____ DATE OF BIRTH _____ MEDICAL RECORD NUMBER _____ *SPECIMEN ID NUMBER(S) _____

Place specimen label here.

COLLECTION LOCATION _____ COLLECTION DATE _____ TIME _____ RECEIPT DATE _____ TIME _____

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

Unlabeled Specimen DIPLAN _____

Mislabeled Specimen DIPLAN _____

SPECIMEN DETAILS

Tissue, specify: _____

Other, specify: _____

FOLLOW-UP / ACTION - REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification by signing this statement.

SIGNATURE _____ DATE _____ TIME _____

PRINTED NAME _____

*REASON SPECIMEN COULD NOT BE RECOLLECTED (REQUIRED FIELD) _____

NOTES / RESOLUTION _____

PATIENT IMPACT- TO BE FILLED OUT BY AUTHORIZING LABORATORY PERSONNEL

Specify details to be included in merge report.

Documented in EMR (comments section smart phrase: identificationcomment)

SUPERVISOR/LEAD AUTHORIZING ACTION _____ DATE _____ TIME _____

South/Vinita/Muskege- fax completed form to 918- 494-1399

Lab Quality Department Section- _____ MERGE INCIDENT NUMBER _____

INITIAL THIS SECTION THAT YOU WILL SIGN TO VERIFY AND CHECK FOR LEGIBILITY AFTER SCANNING

Saint Francis Health System **Saint Francis Outreach Laboratory**

OUTPATIENT- MISLABELED OR UNLABELED SPECIMEN REPORT
ALL MISLABELED/UNLABELED SPECIMENS SHOULD BE RECOLLECTED PER LAB POLICY. USE OF THIS FORM INDICATES RECOLLECTION IS NOT FEASIBLE.

PATIENT NAME IN FULL _____ DATE OF BIRTH _____ MEDICAL RECORD NUMBER _____ (SPECIMEN ID NUMBER(S)) _____

LOCATION OF COLLECTION _____ DATE OF COLLECTION _____ TIME _____ TEST NAME(S) _____

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

Unlabeled specimen Mislabeled specimen Specimen identification different from order

Explain Discrepancy: _____

FOLLOW-UP / ACTION - REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification.

SIGNATURE _____ DATE _____ TIME _____

PRINTED NAME _____

*REASON SPECIMEN COULD NOT BE RECOLLECTED: _____

PLEASE FAX BACK TO SAINT FRANCIS HOSPITAL LABORATORY

Lab Contact Person _____

Outreach 918-602-4240

Laboratory 918-494-1399

Microbiology 918-494-7238

PATIENT IMPACT AND DOCUMENTATION (FOR LAB USE ONLY)

TESTING DELAYED RESULTS REPORTED ON WRONG PATIENT DOCUMENTED ON CUSTOMER SERVICE SPREADSHEET

Lab Quality Department Section- _____ MERGE INCIDENT NUMBER _____

INITIAL THIS SECTION THAT YOU WILL SIGN TO VERIFY AND CHECK FOR LEGIBILITY AFTER SCANNING

Saint Francis Health System **BLOOD BANK MISLABELED SPECIMEN REPORT**

DOCUMENTATION- SECTION FILLED OUT BY BLOOD BANK PERSONNEL

PATIENT NAME IN FULL _____ DATE OF BIRTH _____ MEDICAL RECORD NUMBER _____ (SPECIMEN ID NUMBER(S)) _____

COLLECTION LOCATION _____ EPIC COLLECTION DATE _____ TIME _____ (RECEIPT DATE) _____ TIME _____

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in a collection information error of a sample belonging to the patient identified above.

DISCREPANCY

Mislabeled Specimen Specimen missing handwritten: Date Time Collector Initials

Lab employee including report: _____ DATE _____ TIME _____

Documented in EMR

FOLLOW-UP / ACTION- REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained and/or who collected the specimen. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly labeled, I am assuming full responsibility for the correct collection information by signing this statement.

SIGNATURE _____ DATE _____ TIME _____

PRINTED NAME _____

NOTES / RESOLUTION _____

PATIENT IMPACT- SECTION FILLED OUT BY AUTHORIZING LABORATORY PERSONNEL

Testing delayed Unable to complete testing

Other, specify: _____

SUPERVISOR/LEAD AUTHORIZING ACTION _____ DATE _____ TIME _____





IRRETRIEVABLE- MISLABELED OR UNLABELED SPECIMEN REPORT
 INPATIENT USE ONLY- YALE/SOUTH/VINITA/MUSKOGEE

<p>THIS FORM IS TO BE USED FOR IRRETRIEVABLE SPECIMENS ONLY</p> <p>ALL OTHER MISLABELED/UNLABELED SPECIMENS MUST BE RECOLLECTED PER LAB POLICY.</p> <p>Irretrievable specimens include but are not limited to: CSF, fluid aspirates, tissue, arterial, pediatric patients and suprapubic or catheter specimens.</p> <p><i>The use of this form is limited to: Supervisor, Lead and Tech-in-charge.</i></p>	Place specimen label here.
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PATIENT NAME IN FULL		DATE OF BIRTH	MEDICAL RECORD NUMBER	*SPECIMEN ID NUMBER(S)
COLLECTION LOCATION	COLLECTION DATE	TIME	RECEIPT DATE	TIME

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

<input type="checkbox"/> Unlabeled Specimen	EXPLAIN
<input type="checkbox"/> Mislabeled Specimen	EXPLAIN

SPECIMEN DETAILS

Tissue, specify: _____

Other, specify: _____

FOLLOW-UP / ACTION- REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification by signing this statement.

SIGNATURE	DATE	TIME
PRINTED NAME		

*REASON SPECIMEN COULD NOT BE RECOLLECTED (REQUIRED FIELD)

NOTES / RESOLUTION

PATIENT IMPACT- TO BE FILLED OUT BY AUTHORIZING LABORATORY PERSONNEL

Specify details to be included in verge report:

Documented in EMR (comments section smart phrase identification comment)

SUPERVISOR/LEAD AUTHORIZING ACTION	DATE	TIME
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South/Vinita/Muskogee- fax completed form to 918- 494-1399

Lab Quality Department Section-	VERGE INCIDENT NUMBER
INITIAL THIS SECTION THAT YOU WILL SCAN TO CHART AND CHECK FOR LEGIBILITY AFTER SCANNING	

INPATIENT MISLABELED/UNLABELED SPECIMEN REPORTS

Blood Bank Reporting Acceptable Use

ACCEPTABLE:

- ✓ **Pre-Transfusion** Blood Bank specimen labeling error corrections approved by the Blood Bank/Lab Supervisor or Lead and Medical Director or designee. (see scenario slide for details)
- ✓ **NON Pre-Transfusion** Blood Bank specimen labeling error corrections where patient ID on the specimen is not in question. (see scenario slide for details)

UNACCEPTABLE:

- ✓ This form is not intended for **Pre-Transfusion** Blood Bank specimen labeling errors **that can be recollected**.
- ✓ This form is not intended for **Pre-Transfusion** Blood Bank specimen labeling errors **with missing date, time, or collector initials**.

- The form must be filled out completely and must be signed by the authorizing lab personnel (Supervisor or Lead) **prior to specimen relabeling**.
- **Medical Director Consultation Form** must also be completed for Pre-Transfusion specimen relabeling.
- There must be documentation in the EMR that testing was completed on a specimen verified by this process. Blood bank utilizes the **Communication Log** for this purpose.
- Submit form to your Hospital's Blood Bank/Lab Supervisor or designee to copy for their files. Blood Bank/Lab Supervisors or designee will submit the form to the QSE department after review.



OUTPATIENT- MISLABELED OR UNLABELED SPECIMEN REPORT

ALL MISLABELED/UNLABELED SPECIMENS SHOULD BE RECOLLECTED PER LAB POLICY
USE OF THIS FORM INDICATES RECOLLECTION IS NOT FEASIBLE

PATIENT NAME IN FULL	DATE OF BIRTH	MEDICAL RECORD NUMBER	SPECIMEN ID NUMBER(S)
LOCATION OF COLLECTION	DATE OF COLLECTION	TIME	TEST NAME(S)

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in an identification error of a sample belonging to the patient identified above.

DISCREPANCY

- Unlabeled specimen Mislabeled specimen Specimen identification different from order

Explain Discrepancy:

FOLLOW-UP / ACTION - REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about the true identity of the patient from whom the specimen was obtained. Since this specimen may not easily be recollected and I am in a position to be certain that this specimen is now correctly identified, I am assuming full responsibility for the correct identification.

SIGNATURE _____

PRINTED NAME _____

*Reason specimen could not be recollected:

PLEASE FAX BACK TO SAINT FRANCIS HOSPITAL LABORATORY
Lab Contact Person _____

- Outreach 918-502-4240
 Laboratory 918-494-1399
 Microbiology 918-494-7238

PATIENT IMPACT AND DOCUMENTATION (FOR LAB USE ONLY)

- TESTING DELAYED RESULTS REPORTED ON WRONG PATIENT DOCUMENTED ON CUSTOMER SERVICE SPREADSHEET

Lab Quality Department Section- INITIAL THIS SECTION THAT YOU WILL SCAN TO CHART AND CHECK FOR LEGIBILITY AFTER SCANNING	VERGE INCIDENT NUMBER (IF APPLICABLE)
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OUTPATIENT MISLABELED/UNLABELED SPECIMEN REPORTS

- ✓ This form is used for Outpatient (Outreach) identification issues. (see scenario slide for details)
 - **NOTE:** Pre-transfusion specimens should be handled as Inpatient specimens as described on the previous slide.
- ✓ This form does not require Supervisor or Lead approval prior to requesting relabeling.
- ✓ Complete top section of the form. Remember to **include specimen ID numbers** and explain the discrepancy (issue).
- ✓ The form must be signed by a nurse or phlebotomist who can attest to the identification of the patient.
- ✓ If the identification error is found after transport to the **Blood Bank:**
 - Enter a follow up task in Epic "Outreach Specimen Issue"
 - Do NOT recollect the specimen in Epic
 - Day shift hours: Take the specimen and form to Lab Customer Service
 - Evening & night shift hours: Put specimen & paperwork in a biobag and place in "Specimen Outreach Problem" bin (located in lab office large refrigerator)
 - Customer Service will:
 - Contact the collector for attestation and label correction
 - Document corrective actions in Epic
 - Scan the signed mislabeled form into Epic
 - Return the relabeled specimen to Blood Bank
- ✓ Blood Bank may perform and report testing after specimen labeling has been corrected.

BLOOD BANK MISLABELED SPECIMEN REPORT

DOCUMENTATION- SECTION FILLED OUT BY BLOOD BANK PERSONNEL

PATIENT NAME IN FULL		DATE OF BIRTH	MEDICAL RECORD NUMBER	SPECIMEN ID NUMBER(S)
COLLECTION LOCATION	EPIC COLLECTION DATE	TIME	BB RECEIPT DATE	TIME

The employee's failure to follow Laboratory Policy when identifying a patient and / or labeling a specimen resulted in a collection information error of a sample belonging to the patient identified above.

DISCREPANCY

Mislabeled Specimen	Specimen missing handwritten:	<input type="checkbox"/> Date	<input type="checkbox"/> Time	<input type="checkbox"/> Collector Initials
Lab employee initiating report:		Date	Time	

Documented in EMR

FOLLOW-UP / ACTION- REQUIRED SECTION FOR COLLECTOR

I understand the improper labeling of this specimen raises possible questions about when the specimen was obtained and/or who collected the specimen. Since I am in a position to be certain that this specimen is now correctly labeled, I am assuming full responsibility for the correct collection information by signing this statement.

SIGNATURE	DATE	TIME
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PRINTED NAME

NOTES / RESOLUTION

PATIENT IMPACT- SECTION FILLED OUT BY AUTHORIZING LABORATORY PERSONNEL

Testing delayed Unable to complete testing

Other, specify: _____

SUPERVISOR / LEAD AUTHORIZING ACTION	DATE	TIME
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- ✓ This form is used specifically for blood bank **pre-transfusion** specimens.
- ✓ It is only appropriate for pre-transfusion specimens missing handwritten date, time and initials.
- ✓ All other blood bank **pre-transfusion** specimen labeling errors **MUST** be redrawn **unless deviation from policy is approved by Blood Bank/Lab Supervisor and Medical Director or designee.**
- ✓ Always refer to your blood bank policies or supervisor if questions arise.
- ✓ Submit the completed form to your Hospital's Blood Bank/Lab Supervisor or designee.



SCENARIOS

- ✓ **Micro-preemies** who can not be recollected due to their low birth weight, or for **other unusual circumstances**: Use *Inpatient Irretrievable Mislabeled/Unlabeled Specimen Report*
- ✓ Mis/Unlabeled **cord bloods** –
 - Mother label present / baby label missing: Use *Inpatient Irretrievable Mislabeled/Unlabeled Specimen Report*
 - Mother label missing / baby label missing: *Need collection via heel stick, do not allow relabeling*
 - Mother label present / wrong baby label present: *Need collection via heel stick, do not allow relabeling*
 - Mother label missing / correct baby label present: *Need collection via heel stick, do not allow relabeling*
- ✓ **NON Pre-transfusion specimens other than cord bloods** (fetalscreens, DATs, Rh only, outreach specimens, etc):
 1. Mis/Unlabeled – *Need recollection, do not allow relabeling*
 2. Outreach updated married names (updated in Epic) after specimen has been collected are correctable – Use *Outreach Specimen Mislabeled/Unlabeled Specimen Report*
 3. Specimens with labels that don't contain the patient's full name (due to aliquot stickers used or due to label misalignment on printer) but still have other patient identifiers are correctable – Use *Inpatient or Outreach Mislabeled/Unlabeled Specimen Reports as applicable*
 4. NON pre-transfusion specimens without collection date, time, or collector initials – *Do NOT need recollection or BB Specimen Mislabeled Report form completed*
- ✓ **NOTE ON RE-DRAWS:**

When recollecting mislabeled Blood Bank specimens always utilize the Blood Bank specific reasons in the redraw menu. This allows for accurate tracking in the audit trail and reports.

