

	<b>Specimen Pick-Up and Tracking From off Campus Clinics</b>  <b>OP-306-22</b>	<b>Dept:</b>	<b>Outpatient Phlebotomy 324306</b>
		<b>Effective Date:</b>	<b>February, 2011</b>
		<b>Revised Date:</b>	<b>February, 2019</b>
		<b>Contact:</b>	<b>Rinard Howard</b>
<b>Name &amp; Title: Gregory Pomper, MD Medical Director</b>		<b>Date:</b>	
<b>Signature:</b>			

**1) General Procedure Statement:**

- a. **Purpose:** The laboratory will make every reasonable attempt to track all specimens dispatched off campus Clinics. For all packing lists the laboratory will take steps to verify dispatch and receipt.
- b. **Responsible Department/Scope:**
  1. Procedure owner/Implementer: Outpatient Phlebotomy
  2. Procedure prepared by: Rinard Howard, MHA PBT – ACSP
  3. Who performs procedure: Outpatient Phlebotomy staff

**2) Procedure for Clients with Electronic Packing List:**

1. Clients with access the LIS will generate an electronic packing list for all samples that are being sent, and place them in a transport bag.
2. The courier will sign the log and place the specimens in the transport container/bag and take them to the lab.
3. Central Processing (CP) will scan the packing list and disband the samples for processing.

**Procedure Notes**

1. If the courier observes that a sample is not labeled, broken, or otherwise damaged, then every attempt should be made to notify the client verbally on site. The courier will indicate clearly on the packing slip what problem was observed.
2. The packing slip contains confidential information and should be transported and delivered in such a way as to maintain confidentiality.
3. The laboratory will retain packing lists for 30 days.
4. Packing slips referencing problems will be given to the Lab Customer Service Representative. The problems will be logged and reviewed. Clients will be counseled to resolve issues.
5. Specimens requiring special transport conditions will be noted on packing slips.

6. Problem samples that cannot be run should be ordered and credited in LIS to document receipt and disposition of the sample.

**3) Related Procedures: N/A**

**4) References: N/A**

**5) Attachments: N/A**

**6) Revised/Reviewed Dates and Signatures:**

Reviewed/Revised Date: \_\_\_\_\_ By: \_\_\_\_\_  
(Medical Director/Designee)

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