Wake Forest Baptist Medical Center	CP 5 Specimen Handling	Dept:	324317 Central Processing
		Effective Date:	10/99
		Revised Date:	9/12/19
		Contact:	Julie H Simmons
CLIA Medical Director Signature: See paper copy in the Central Processing procedure manual		Approved Date:	

1. General Procedure Statement:

A. Purpose: Central Processing Staff should follow established laboratory guidelines to maintain consistency in the processing of laboratory test requests and patient specimens

B. Responsible Department/Scope:

i. Procedure owner/Implementer: Central Processing
ii. Procedure prepared by: Julie H Simmons
iii. Who performs procedure: Central Processing Staff

C. Definitions:
CSF: Cerebral Spinal Fluid
WFBMC: Wake Forest Baptist Medical Center
TDM: Therapeutic Drug Monitoring

2. Procedure:

1. **CENTRAL PROCESSING SERVICES:** The Central Processing Laboratory responsibilities including the receipt, accessioning, processing and distribution of most lab samples and orders that are received in the laboratory.

2. **DEPARTMENT OF PATHOLOGY HANDBOOK:** Lists tests and services that are performed in-house with specimen requirements and special handling procedures. The lab may provide a current list of test methods including performance specifications to clients upon request. The Pathology Handbook is accessible via the Wake Forest Baptist Health Intranet http://intranet.wakehealth.edu/Departments/Pathology/Handbook/

3. **SPECIMEN TRANSPORT:** Specimens may be transported to the Clinical Laboratory via the hospital pneumatic tube system. Ordering locations without pneumatic tube are responsible for transporting samples to the laboratory. The WFBMC Clinical Labs provide an on Campus courier that makes scheduled rounds in the hospital for onsite clinics and various other locations for pick-up and delivery of samples to the lab. It is recommended that irretrievable specimens be hand delivered to the laboratory. They must be written in the log book at the main window. (CSF, Body Cavity Fluids, Joint Fluids, Blood Gases, All Tissue, Blood or urine cultures collected before antibiotic therapy, amniocentesis, Cordocentesis, peak/trough TDM samples and intravascular catheter tips for culture)

4. **STANDARD PRECAUTIONS:** All samples transported to and received in the Clinical Laboratory should be handled according to Standard Precautions and Blood Borne Pathogen standards as outlined in the WFUBMC Infection Control manual, the Lab Safety Manual and the Central Processing Safety Task List. Know CSF samples for Creutzfeldt-Jacob should be processed under a hood in Microbiology. Alert any staff that may be subsequently handling this sample.

5. **SPECIMEN PROCESSING AND PRIORITY:** Blood and body fluid samples received in the lab are processed upon receipt on a first come, first serve basis with priority being given to STAT orders.

    a. Red bags: STAT orders must be in a red STAT bag.

    b. Green bags: Peds Oncology patients and Cancer Center patients should be sent in a green bag. Peds Oncology are considered STAT and should be taken directly to Hematology or given to SPIN rotation to spin to deliver quickly to Chemistry.

    c. Procalcitonins and OB Only HIV are always STAT and immediately delivered to Microbiology.

6. **SPECIMEN RECEIPT AND ACCESSIONING:** Specimen test requests received in the lab should be entered into the Laboratory Information System (LIS) according to the procedures in this manual. Exceptions not entered into the LIS include orders for Microbiology (except Serology and PCRs for blood or urine), Blood Bank, Cytology, Surgical Pathology, Genetics and HLA. These tests/ samples are received in the lab and forwarded to the respective test areas.

7. **SPECIMEN EVALUATION AND REQUIREMENTS:** Specimens should be evaluated when received in Central Processing for the appropriate specimen type and integrity of the sample.

    a. **Specimen integrity**- Leaking or broken specimens should be evaluated and discarded if it cannot be safely salvaged or if the quality of the test results is compromised.

    b. **Specimen types-** are defined in the LIS for each test. Specimens must be evaluated prior to processing according to the defined requirements. Ordering locations should be notified in the event a specimen does not meet the defined test type requirements. Each laboratory section may have additional specimen requirements other than specimen type.

    c. **Communications-** regarding specimen problems should be communicated to the ordering location by the lab section evaluating the problem.
        - Central Processing should handle and communicate problems regarding specimen types and compromised specimens (broken, leaking).
        - Central Processing should notify the ordering location if they note problems when processing the sample (short sample, wrong tube, clot, etc.)
            - If sample is short but can possibly be run, the sample should be marked with an ‘S’ and the lab section alerted.

- The testing lab should notify the ordering location is there is a sample problem identified after specimen is received there. (clot, short sample, QNS, etc.)
- The lab section that notifies the ordering location of a problem should document the problem in the LIS and credit the test in Beaker with the appropriate reason (Broken/Spilled in transit, cancelled by provider, clotted, collected in wrong tube, correct test ordered, duplicate request, floor/clinic ordered incorrectly, improperly preserved/processed, lab duplicate order, lab ordered incorrectly, lost in transit, no sample received, not proper time for requested test, not received on ice, other, patient ID incorrect, physician cancelled order, sample not kept warm notified, sample not protected from light, notified, specimen clotted specimen mislabeled, specimen not labeled, stability limit exceeded when received, wrong tube/specimen type).
- Refer to the credit policy in this manual for further details.

d. Orders- After assuring patient specimen identification matches on all samples and requisitions, assure that all orders clearly understood. ANY QUESTIONS SHOULD BE RESOLVED BY CALLING ORDERING LOCATION FOR CLARIFICATION.

- Document that a call was made on the requisition including name of the person spoke to, date and time and your name.

8. **LABELING OF ALIQUOT SAMPLES:** Samples poured off into a pour-off tube must be identified with a minimum of the patient's name, medical record number and accession number. In the event that there is minimal room to record this information (i.e. bullet tubes) the patient's last name and medical record number may be used. The person pouring up the aliquot must initial the identification label placed on the aliquot as they are responsible for verifying the identity of the aliquot sample from the primary tube.

9. **ADD-ON/MODIFY TESTS:** Refer to the procedure in this manual regarding the handling of add-on tests.

10. **EXTRA SAMPLES:** received in the lab should be ordered in the LIS as an extra using the appropriate code depending on the tube type and placed on the appropriate automation line. Extra tubes or fluids that are not put on the automation line are placed in the refrigerator in the SPIN area.

11. **SPECIMENS SHOULD NOT BE RETURNED TO THE ORDERING LOCATION FOR ANY REASON:** Once specimens are received in the lab, they may not be returned to an ordering location or given to non-lab personnel for any reason to take out of the lab. Extra specimens/tubes will be retained in the laboratory in the extra rack located in the SPIN section of Central Processing. The tube must be verified and marked as "extra" prior to placing it in the rack. Orders may be added and the sample will be pulled as needed.

12. **SPECIMEN DISPOSAL:** All specimens received in the laboratory are considered biohazardous and should be handled according to the Laboratory Infection Control Policy.

13. **SPECIMENS WITH ATTACHED NEEDLES:** should not be accepted in the lab. If the specimen is from a critical patient, caution the sender that needles should be removed at the collection site. Accept it and carefully remove the needle with hemostats.

14. **PATIENT REGISTRATIONS:** Refer to CP 27 – Registration and Order Entry into the Laboratory Information Systems Procedure during Laboratory Client Service hours. Go to Patient Station. If patient is not found, fill in all info and use "standard unknown" for social security number and click "New". Once this is done, use 'One Click' to create an episode.

15. **BLOOD BANK SEGMENTS:** Sickle Cell Screens done on Blood Bank segments should be ordered by Blood Bank. Take to Hematology.

16. **BLOOD GAS SAMPLES:** Blood gas samples are sent via the pneumatic tube system to ICU Blood Gas Lab, Station 54. After hours OR Blood Gas samples are sent to the ICU Lab.

17. **RELEASE OF SAMPLES TO OUTSIDE AGENCIES:** Blood and body fluid samples may be released to Federal, State or Local Law Enforcement Agencies or other outside agencies having statutory authority to obtain physical evidence such as: the North Carolina Industrial Commission, a Court Order, a Search Warrant, a North Carolina Industrial Commission Order or other legal document recognized by our legal department.

3. Review/Revision/Implementation:

All procedures must be reviewed at least every 2 years.

- All new procedures and procedures that have major revisions must be signed by the CLIA Laboratory Medical Director.

- All reviewed procedures and procedures with minor revisions can be signed by the designated section medical director.

4. Related Procedures: NA

5. References: NA

6. Attachments: NA

7. Revised/Reviewed Dates and Signatures:

Review/Revision Date: 10/8/14 Signature: Tami Bradley

Review/Revision Date: 10/27/14 Signature: Greg Pomper

Review/Revision Date: 8/8/16 Signature: Jennifer Hausmann

Review/Revision Date: 12/3/18 Signature: Jennifer Hausmann

Review/Revision Date: 9/12/19 Signature: Julie H Simmons

Review/Revision Date: _____ Signature: _____

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