Wake Forest Baptist Medical Center	**CP 15** **Spin Procedures**	**Dept:**	324317
		Dept Name	Central Processing
		Effective Date:	10/2000
		Revised Date:	**12/1/19**
Name & Title: CLIA Laboratory Medical Director		**Contact:**	**CP Management**
Signature:		**Approved Date:**	

1. **General Procedure Statement:** To obtain a standard process for the Spin Rotation

   A. **Purpose:** To provide guidelines for Central Processing staff to process patient samples in a consistent manner in order to produce a quality specimen for testing

   B. **Responsible Department/Scope:**
   - **i.** Procedure owner/Implementer: Central Processing Lab
   - **ii.** Procedure prepared by: CP Management
   - iii. Who performs procedure: Central Processing staff

   C. **Definitions**
   CP: Central Processing
   CBC: Complete Blood Count
   CSF: Cerebral Spinal Fluid
   PREGU: Urine pregnancy test

2. Procedure:

1. The person in spin should rotate through the accessioning area to pick up pre-sorted samples in racks. The spin person has been provided a cart in order to carry the workload and distribute to the various lab sections.

a. Review tests to be performed
b. Note any special handling requirements. Some samples may NOT require centrifugation. (Refer to the charts for details)
c. **NEVER** spin the following:
   - CBC or CBC with Diff
   - PRAs (Send out HLA test)
   - Platelet tests
     - PFA Platelet Function Analysis (2 Blue)
     - PLAG Platelet Aggregation (5 Blue)
     - PLTX Platelet Count (Blue or Green)
     - PAS Platelet Aggregation screen
     - RIPA Ristocetin Agglutination
     - Pltx – If in a blue or green top tube

2. Centrifuge Samples
    a. Routine Samples:
        - Place in a centrifuge carrier for the large centrifuges
        - Place cover on carrier to minimize aerosols in the event of leakage or breakage of any tubes
        - All fluids (including urines) that are to be tested in Chemistry need to be spun.
            - Clear body fluids and urines(NEVER CSF or synovial) may be loaded on the track
            - **Short** body fluids and urines (including **ALL** CSF and synovial fluid) should be centrifuged in **SPIN**
            - **PREGU** should ALWAYS be SPUN and delivered directly to chemistry

    b. STAT samples
        - Spin using designated centrifuges
    c. Spin samples at 5000 rpm for 5 minutes with the lid locked
    d. Remove samples when centrifuge comes to a complete stop and the lid can be opened.

3. Hematology will check samples for clots

4. Aliquot Samples.
    a. Initial aliquot verifying ID of primary tube with aliquot label as this is the last opportunity to assure the ID of the sample with the primary tube.

5. Distribute Samples:
    a. All STAT Samples should be placed in the front of the rack for the Automation line. Use RED racks, especially for Hematology.
    b. NEVER hit the emergency stop button on either the Chemistry or Hematology line unless a true emergency (i.e. someone's hand is caught in track, horrible noise is coming from track, etc.).
    c. Automation line Samples
        i. All Chemistry samples are racked on the Chemistry automation line with some exceptions:
            - PREGU
            - CSF specimens
            - Synovial fluid specimens.
        ii. Baby samples, short samples and other samples should be placed after spinning in the designated Chemistry tray in Chemistry.

d. The following lavender tubes are placed on the chemistry track:
    - Ammonia (on ice)
    - IPTH (on ice)
    - BNP
e. Extra samples are ordered in LIS and placed on the automation line for tracking and storage except for 2-b above which will be tracked and assigned a storage manually.
f. Tests that are not performed at WFBMC should be delivered to Send Out area. Chemistry personnel should be notified on 2nd, 3rd , weekends and holidays when sample is in send out. Chemistry personnel will direct CP personnel to perform any processing needed to the sample.
    i. Send outs will write 'SO' on green, lavender, purple, yellow top tubes to indicate that the SHOULD be centrifuged.
        - IF 'SO' is not recorded on the tube, then VERIFY with send outs BEFORE you centrifuge.

6. Urine samples:

Chemistry urine samples

a. the person accessioning a 24 hour urine (usually SPIN) is responsible for measuring the volume and recording it on requisition with their initials *Refer to Section 7 (Determining Total Volume of Urines) to determine volume.*
b. Spin should pour off and label an aliquot in a 10ml conical tube, labeled and placed in the extra rack in the spin refrigerator.
c. Acid, as a preservative for a 24hour urine collection should be added to only an orange acid resistant jug. Any collection that does not require preservative, use appropriate jug from the store room (item# 15-044407)
d. 24 hour urine jugs are not provided for WFUP clinics. Jugs are provided for inpatient locations and OPD clinics. Acid is provided to all locations.
e. An instruction sheet for collection 24 hour urine is provided with each jug that acid is added.

Urinalysis samples

a. Label tube and INITIAL with an LIS Barcode
b. Pour-up an aliquot in a conical centrifuge tube
c. Deliver to urinalysis
d. Retain all ED and OR urine samples and place in spin refrigerator

Microbiology urine samples

a. Tube staff should identify urine for culture only and deliver to microbiology immediately.
b. If other testes are ordered in addition to micro deliver to STAT container. Urine for cultures must be expedited as urine cultures must be set up within two hours of collection.
c. Accession should order the appropriate test and place barcode labels in the outer pocket of the bag and send to spin.
d. Spin staff will aliquot the tubes appropriate for testing and forward the remaining urine sample in the original syringe with requisition to micro.

NOTE: For urine received in a CUP – use the urine straw and fill the culture tube at the same time as other aliquots and then deliver to Micro.

7. Determining Total Volume of Urines

With a Matching container:

a. Choose a matching container from the containers available
b. Place the empty container on the scale. PRESS and HOLD the tare button until the scale reads "00". Return the empty container.
c. Place the patient container on the scale and record the Total volume on the document that came with it or record patient information on a blank sheet of paper and record volume if nothing came with urine.
   Note: 1 gram – 1 ml
d. Place document with information in the routine accession box.

With a Unique container:

a. PRESS and HOLD the tare button on the scale until it reads "0".
b. Place the patient container on the scale and record the total volume on the provided/or created document.
c. Label a urine collection cup with patient information and fill the cup from the 24 hour container.
d. Empty the 24 hour container down the sink and follow with water to completely cleanse the sink.

e. Weigh the empty 24 hour container.
f. Subtract the weight of the empty container from the total weight of the filled container. The result is the Total volume of urine.
g. Write the Total Volume on the document AND on the lid of the urine cup.
h. Place document with information in the routine accession box.

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: 3/2015	**Signature: Tami Bradley**
Review/Revision Date: 8/11/16	**Signature: Jennifer Hausmann**
Review/Revision Date: 12/6/18	**Signature: Jennifer Hausmann**

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Validate Date	By	Revisions: added 5b about emergency stop button on tracks. Clarified samples that go on track in 5. Updated sendout information.							
1/8/2020	CF								
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Reviews: Record date/initials

Date	Initials	Date	Initials	Date	Initials	Date	Initials