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APPLICABLE LABORATORY(S):

- North Carolina Baptist Hospital (NCBH)
- Lexington Medical Center (LMC)
- Davie Medical Center (DMC)
- Wilkes Medical Center (WMC)
- High Point Medical Center (HPMC)
- Westchester
- Clemmons

PURPOSE

The purpose of this procedure is to provide guidelines to staff concerning patient identification and identification of blood, body fluid, and tissue samples.

SCOPE

This procedure applies to all Central Processing Lab Team Members.

DEFINITIONS

- A. Procedure: A process or method for accomplishing a specific task or objective.
- B. WFBH Lab System: Wake Forest Baptist Lab System is a health system that includes Wake Forest Baptist Medical Center and all affiliated organizations including Wake Forest University Health Sciences (WFUHS), North Carolina Baptist Hospital (NCBH), Lexington Medical Center (LMC), Davie Medical Center (DMC), Wilkes Medical Center (WMC), High Point Medical Center (HPMC), Lab at Westchester and Lab at Clemmons.
- C. BADID: Improperly labeled specimen

SUPPLIES/MATERIALS

Appropriate personal protective equipment (PPE) must be worn when handling biohazardous specimens

PROCEDURE GUIDELINES

A. Procedure

General Guidelines

1. All specimens received in the lab will be labeled with a minimum of two unique patient identifiers.
 - a. These identifiers can be a combination of patient name, medical record number, or date of birth.
 - b. An external medical record number on a requisition from a non-Atrium Health Wake Forest Baptist facility is not expected to match the patient's medical record number in Beaker. A discrepancy between an external medical record number and an Atrium Health Wake Forest Baptist medical record number is not a cause for rejection.
 - c. If specimens are labeled with three identifiers, and one of the three identifiers is a mismatch, contact the pathologist/resident for further instructions:
Page the pathologist assigned to Clinical Laboratory Questions (pager #6302). After hours, weekends, and holidays, page the clinical pathology resident on-call (pager #6302).
2. Paper and electronic orders with non-instrument ready barcode labels should be sent to the laboratory in bags containing only that patient's specimen(s). Bags containing two different patients will be rejected by Central Processing.
 - a. If more than two patients will be impacted (more than 2 non-Beaker barcoded patient samples in one bag), contact the pathologist/resident for further instructions:
 - b. Page the pathologist assigned to Clinical Laboratory Questions (pager #6302). After hours, weekends, and holidays, page the clinical pathology resident on-call (pager #6302).
 - c. Several smaller bags each containing one patient, which are all placed into one larger bag, should be accepted.
3. All samples should be accompanied with orders for the specimens.
4. Any identification discrepancies shall be resolved prior to releasing results on the patient's sample.
5. Mislabeled incidents shall be evaluated and handled by Central Processing staff.
6. An Incident/Credit Report and/or RL6 shall be completed for all mislabeled specimen incidents.

Hand Delivered Specimens Logged on Specimen Logsheet

1. Lab specimens that are hand-delivered to the laboratory by the collector or nursing team must be handed off directly to a Central Processing team member.
2. The person delivering the specimen will press the intercom button outside the lab door. Central Processing will open the door from the appropriate workstation after visualizing the employee's ID.
3. The person delivering the specimen will log the specimen on the Clinical Laboratory Specimen Logsheet along with the number of containers that are

being delivered. Central Processing will verify that specimens are properly labeled, and that the number of containers on the log is correctly documented.

- Differences in the number of specimens written on the Specimen Logsheet and the number of specimens handed off must be reconciled before the person delivering specimens leaves the lab.
4. If specimens are accepted, Central Processing will initial the Specimen Logsheet to indicate receipt of specimens into the laboratory.
 5. If blood or random urine specimens are handed off unlabeled, Central Processing will initial the log to receive the specimens, and follow steps to notify floor or collection location that sample requires recollection.
 6. If irretrievable specimens are handed off unlabeled, Central Processing will follow these steps:
 - a. Inform the employee holding the specimen: “The lab cannot accept this improperly labeled specimen and recommend that you work with the clinical team to label the specimen correctly. Then the lab will accept it.”
 - b. If the person delivering the sample asks, “Can I put these labels on and hand it back to you?”:
 - i. Central Processing reply: “I recommend that you work with the clinical team to properly label the specimen and then the lab will accept it.”
 - c. If the sample is not labeled on site and taken back to the clinical team, initial the “Specimens Not Accepted” column on the Specimen Logsheet and write the reason.
 - d. If the sample comes back to the lab with proper labeling, it must be logged again on the Specimen Logsheet.


Aliases

1. Some patients have aliases (additional name that someone uses).
2. To find aliases in Beaker, click on Patient Station.
3. Enter the patient’s MRN and hit Enter.
4. In the Patient Select window, look in the bottom pane of the window.
5. Scroll down to the Aliases section. There you will find a list of any aliases the patient uses. If an alias is used on the patient’s sample, it is acceptable as long as the MRN and/or date of birth matches. See Alias screen shot below.


Search Criteria
Name/MRN: Test, Amy


	Patient Name	Status	MRN	Sex	Date of Birth	Address	SSN
▶	TEST,AMY	Alive	6139558	F	1/24/2005	1234 my way, Lexington NC 27292	xxx-xx-9999


Results loaded: 1




Test, Amy "Adam" - 6139558





 Born 1/24/2005
17 y.o. Female

 1234 my way
Lexington NC 27292

 Richard William Lord Jr., MD

SSN: xxx-xx-9999

 336-462-0870 (H)

 aayler@wakehealth.edu

Language: English

Ethnicity: Patient Refused

Race: White or Caucasian

Aliases:
TEST,ADAM
TEST,RED

Misidentified or Partially Labeled Specimens

1. Specimens that are determined by the lab or ordering location to be unlabeled or labeled with the incorrect patient identification as noted in the general guidelines will need to be recollected.
2. Irretrievable specimens not directly handed off as specified in the section on Hand Delivered Specimens should be referred to a pathologist to determine the acceptability of the sample. The charge nurse or provider taking care of the patient should be notified about the labeling problem and should request permission to relabel. Follow the "Requests to Relabel Irretrievable Specimens" process below.
 - a. Irretrievable samples may include:
 - CSF
 - Body cavity fluids (pleural, peritoneal, pericardial, etc.)
 - Joint fluids (synovial)
 - Tissue
 - Blood or urine cultures collected before antibiotic therapy
 - Amniocentesis
 - Cordocentesis
 - Peak/trough therapeutic drug monitoring samples
 - Intravascular catheter tips for culture
 - Bronchoscopy and transtracheal cultures

- Aspirated abscesses
 - Outreach specimens
3. All mislabeled specimens and a report of their disposal shall be reported to the charge nurse or the nurse taking care of the patient.
 4. Phlebotomy shall be notified in the event a mislabeled specimen is collected by a phlebotomist.
 - a. Inpatient samples will be recollected.
 - b. Central processing/client services staff will notify the respective outpatient clinic about the incident so they are aware that the sample cannot be used. Incidents that are discovered after clinic hours will be reported the next business day.
 5. All mislabeled/unlabeled samples should be marked as BADID and placed in the designated rack in the Spin refrigerator.
 6. Receipt of all samples and the tests ordered on the samples must be documented in the LIS by receiving and crediting with the appropriate code. This includes samples with labeling errors.

Sample and Requisition Do Not Match

1. Incidents involving samples where the label ID and the requisition ID do not match shall be evaluated by Central Processing.
 - a. Notify the floor of the situation to help determine whether or not the sample is labeled correctly.
 - b. A sample cannot be used if the incorrect requisition was sent with a correctly labeled sample.
 - c. A sample cannot be used if it is suspected or determined to be mislabeled (i.e. the requisition is correct, but the sample is not).
 - d. If there is uncertainty about the identity of the sample, assume that it is mislabeled and reject for testing.
 - e. Document the incident on an Incident/Credit Report or RL6.
2. **Outreach Specimens:**
 - a. If the requisition is incorrect, but all specimens are properly labeled and match the face sheet demographics, request a new requisition be submitted.

Main Lab Handling of Mislabeled Specimens

1. Lab sections that encounter a known or suspected mislabeled specimen shall forward the sample to Central Processing. The sample shall be accompanied by an Incident/Credit Report that includes information including status of the specimen, who has been called, whether or not the sample has been cancelled in Beaker, tech name, date/time, and any other relevant information.

2. Central Processing is responsible for investigating and contacting the ordering location as necessary to make them aware of the situation and determine whether other samples may be impacted.
3. Tests that have been resulted cannot be cancelled by lab staff. Result correction must be used to notify providers that results were from a BADID specimen.
 - a. A note should also be entered indicating the person notified of the invalid results and the time called.
 - b. This should be handled by a technologist at the resulting bench.
 - c. Result corrections shall be documented on an Incident Credit Report form. Refer to the Incident Credit Reports procedure. A copy of the Incident Credit Report may be used to complete an RL6. The original Incident Credit Report form should be retained by management of the impacted testing area (i.e. chemistry, hematology).

Requests to Relabel Irretrievable Specimens

1. The following protocol shall be followed in the event an irretrievable specimen is received via courier or pneumatic tube that is NOT properly identified AND the collector requests to correct the error.
 - a. The request to relabel shall come from the nurse or the physician taking care of the patient.
 - b. Complete a Request to Relabel form, documenting the requestor's name, pager/phone number, correct patient's name, MRN, specimen type, test(s) requested, a description of the problem, date and time pathologist was paged.
 - c. Obtain the name and number of the person requesting that the labeling error be corrected. Inform them that you will contact the pathologist on call.
 - d. Page the pathologist assigned to Clinical Laboratory Questions (pager #6302). After hours, weekends, and holidays, page the clinical pathology resident on-call (pager #6302).
 - e. Inform the pathologist/resident of the details of the labeling incident. The pathologist shall call the requesting person to gather information and determine whether or not relabeling is approved. Provide the pathologist with a name and phone number for a lab contact person.
 - f. The pathologist shall contact the lab staff to inform whether or not the specimen labeling error is approved to be corrected. No labeling correction can take place without this approval. Document the decision on the Request to Relabel form.
 - g. Relabeling must be completed in the laboratory by the person that collected the specimen, or their designee approved by the pathologist.
 - h. The person correcting the labeling error must sign and print his/her name on the Request to Relabel form at the time the correction is made.
 - i. The pathologist/resident must also sign the form at his/her convenience. Completed forms must be reviewed and signed by the medical director. Forms are never discarded.
 - j. **Once specimens are accepted into the lab's custody, specimens cannot be returned to the ordering location for relabeling.**

LITERATURE REFERENCES

None

RELATED PROCEDURES/POLICIES IN NAVEX

None

ATTACHMENTS/LINKED DOCUMENTS IN TITLE 21

Clinical Laboratory Specimen Logsheet CP-FORMS-0016

Incident Credit Reports CP-SOP-0013

Clinical Laboratory Incident Credit Report Form CP-FORMS-0012

Request to Relabel CP-FORMS-0014

Registration and Order Entry into the Laboratory Information System CP-SOP-0027

Specimen Receipt and Tracking CP-SOP-0028

REVISION DATES: REVIEW CHANGE SUMMARY AS REPRESENTED IN TITLE 21.