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| **Specimens Requested by an Outside Authority** | | | | | | | | | | |
| **Purpose** | To track samples requested by an outside authority that leave the laboratory. | | | | | | | | | |
| **Policy Statements** | • This procedure applies to all Children’s MN Laboratory staff.  • In some cases, there are requests to send samples to the Minnesota Department of Health (MDH) and/or a medical examiner (ME) representative; be sure to specify where samples are sent. Please use a new form (GL 4.1-Appendix A) for each requesting institution.  • In cases where both MDH and the ME have requested samples, the ME takes precedence.  • Once samples have been requested by the ME, a minimum number of staff should handle the samples.  • The send outs refrigerator and freezer contains a cup labeled Specimens for ME where samples are stored for pickup. | | | | | | | | | |
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| **Materials** | **Supplies** | | | | | | **Equipment** | | | |
|  | * N/A | | | | | | * N/A | | | |
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| **Special Safety Precautions** | • Appropriate PPE | | | | | | | | | |
| **Documents** | • Specimen log for request for samples by an outside authority (GL 4.1-Appendix A) | | | | | | | | | |
| **Procedure** | When a call is received for samples, staff will obtain the following information and complete the form: GL 4.1-Appendix A | | | | | | | | | |
|  | **Step** | **Action** | | | | | | | **Related Document** | |
|  | 1 | * Patient Name * Date of Birth * Medical Record Number * Name of individual requesting pick up * Name of agency * Date and time of call * Lab staff who took call | | | | | | | Specimen log link | |
|  | 2 | Samples that have had testing completed during the patients stay will be compiled and documented on the form with type of sample, accession number, and the storage location.  Based on the request, samples may be found in hematology, chemistry (fresh or frozen), blood bank, microbiology or histology. | | | | | | |  | |
|  | 3 | The log will be stored in the outside authority pick up folder of send outs until samples are picked up. | | | | | | |  | |
|  | 4 | When the agency arrives to pick up samples, the lab staff member releasing samples will fill out the number of samples being released, obtain a signature, printed name, and date and time of pick up from the person picking up samples. They will place their tech code with initials at the bottom of the form. | | | | | | |  | |
|  | 5 | The form will be scanned and placed in the G: drive folder-Requests for Samples | | | | | | |  | |
|  | 6 | The form will be placed in the outside authority folder of send outs for referencing. | | | | | | |  | |
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| **Training Plan/**  **Competency**  **Assessment** | • Employees will read and acknowledge procedure. | | | | | | | | | |
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| **Authorization** |  | | | | | | | | | |
|  | **Medical Director** | | | | **Signature** | | | | | **Date** |
| **Technical Specialist** | | | |  | | | | |  |
|  | | | |  | | | | |  |
|  | | | | **Issue date for training** | | | | |  |
| **Annual Review** | **Designee** | | | | | | | | | |
| **Historical Record** |  | | | **Signature** | | | | | | **Date** |
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| **Version** | | |  | | | | | |  |
|  | 1 | | **Written/Revised by:** | | | **Effective Date:** | | **Summary of Revisions** | | |
|  | | Katie Thoma, Daniel Shaw, Jennifer Jacobsen | | |  | | Initial Version | | |
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