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| **Verification and Receipt of Correctly Labeled Specimens** | | | |
| **Purpose** | This procedure provides instructions for VERIFICATION AND RECEIPT OF CORRECTLY LABELED SPECIMENS. | | |
| **Policy Statements** | To maximize patient safety, all specimens must be properly identified through the entire accessioning and testing processes. Proper specimen management is critical in order to provide test results that are accurate, significant and clinically relevant. The laboratory uses computer-generated labels to label the primary specimens and their aliquots. These labeled containers can be audited back to the full particulars of patient identification, collection date and time, specimen type, etc. It supports both good medicine and good laboratory practice.  This procedure applies to all laboratory staff and patient specimens submitted to the laboratory. | | |
| **Materials** | **Supplies** | | |
|  | * Original patient specimen(s), appropriate for ordered tests * Sunquest labels containing patient name, medical record number, and sample accession number * Permanent marking pens * Pilot tube, as needed * Sunquest test information (MIQ) | | |
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| **Procedure** | Follow the activities in the table below for VERIFICATION AND RECEIPT OF CORRECTLY LABELED SPECIMENS.   |  |  |  | | --- | --- | --- | | **Step** | **Action** | **Related Document** | | 1 | When specimens arrive via the pneumatic tube station, open one pneumatic tube at a time.  NOTE: Not all specimens arrive via the pneumatic tube station but the same principles apply. |  | | 2 | Remove specimen bag(s) from the pneumatic tube. |  | | 3 | Remove all foam/padding/towels from the pneumatic tube to ensure you have removed all specimens. If towels are present, remove and place in the laundry bin. |  | | 4 | Return foam/padding to the pneumatic tube. |  | | 5 | Place biohazard bags containing specimens in the designated queue using the first in/first out Lean principle. Follow appropriate “Lean” triggers for additional help.  NOTE: If necessary during high volume surges, process time-dependent specimens first (i.e. Blood gases, irretrievable specimens, specimens from Hematology/Oncology, Dr. Blue, Traumas). | [GL 2.1 Irretrievable Specimens with No Orders](https://starnet.childrenshc.org/References/labsop/gen/gen/gl-2.1-irretrievable-specimens-with-no-orders.pdf) | | 6 | Remove one bag at a time from the queue and open. Process one patient’s samples at a time. |  | | 7 | Verify labeling on all specimens. Ensure each specimen belongs to the same patient. Every specimen must have at least two unique identifiers. These include the patient’s name, the medical record number, date of birth or accession number.  DO NOT remove the original label from the container. Exception: The Sysmex hematology analyzer requires the original label to be tightly wrapped around the tube or removed. | [*GL 2.0 Unlabeled/Mislabeled Specimen Challenge Form and Procedure*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Gen/207584.pdf)  [*Children’s Policy 630.00 Laboratory Specimen Labeling*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Gen/207584.pdf) | | 8 | Using the Medical Record Number (MR#), use Sunquest function OER or ORM to verify unreceived orders coordinating with the specimens received. Check all pages of OER. Look for duplicate orders, inappropriate specimens, missing specimens and add-on testing. If the specimen type is not blood, look back for 14 days. This will show all outstanding restricted orders for 14 days.   * In OER, at prompt “DATE/DAYS/(E)EVENTS: “type O14” * In ORM, Under “Day (s) of Activity: “type 14” |  | | 9 | For orders with multiple accession numbers, combine when appropriate, keeping in mind some tests intentionally have their own accession numbers.  Common tests that require a separate accession number:   * + ACTH (ADCT)   + Iron Profile (FEPR)   + Ammonia (NH3)   + Quantiferon (QFR)   + Blood Bank tests   + Growth Hormone (HGH)   + IgS   + Lamotrigine (LAMO)   + Levetracetam (LEVET)   + Methotrexate (MTX)   + Heparin Unfractionated (HEPU)   + Heparin Low Mol Wt (HLMW)   + Antithrombin III (ATIII)   + PTH Intact with Calcium (PTHB)   + Different specimens types   + TT3   **NOTE: If there are multiple accession numbers at multiple times (outside of a 1 hour window), contact the caregiver/floor before combining accession numbers.** |  | | 10 | Use Sunquest function CVIS or ORM to receive the order and print labels. | [*SCM 5.0 Collection Verification (CVIS)*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecCol/205648.pdf) | | | |
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|  | |  |  |  |  | | --- | --- | --- | --- | | 11 | **IF** | **THEN** |  | | A | Nurse to Draw (NTD) or Lab to Draw (LTD) specimen | Ensure all specimens received have the same patient name and MR# or date of birth (DOB) |  | | B | NTD - sample analyzed from primary tube | Place large label aligned vertically on original tube with patient name to the right of the barcode. The patient’s name and medical record number are closest to the opening of the container.  The barcode label must be placed straight, without wrinkles so instrument barcode scanners can read it.  Do not cover the patient name or MR# on the original label. | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) | | C | NTD – sample requires aliquotting | On the original label, place an appropriate label “foot” directly under the patient name and MR# | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) | | D | LTD – microtainers | Place appropriate label or “foot” with patient’s name, MR# and accession number vertically on microtainer. | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) | | E | Lead testing | See photos in *PRC 2.0 Appendix D* | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) | | F | Chemistry samples | See photos in *PRC 2.0 Appendix D* and refer to specific procedures for testing. | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) | | G | Hematology samples | See photos in *PRC 2.0 Appendix D* and refer to specific procedures for testing. | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) | | H | Blood cultures | Place large label vertically on the bottle without covering the barcode or original patient information. The patient’s name and MR# are closest to the neck of the bottle. | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf)  [*MCVI 2.0 Specimen Management*](http://khan.childrensmn.org/Manuals/Lab/SOP/MCVI/SpecMan/209725.pdf) | | I | Microbiology Specimens | Refer to microbiology procedures for labeling and receiving specimens. | [*MCVI 2.0 Specimen Management*](http://khan.childrensmn.org/Manuals/Lab/SOP/MCVI/SpecMan/209725.pdf)  [*MCVI 5.0 Microbiology/Virology Computer Training*](http://khan.childrensmn.org/Manuals/Lab/SOP/MCVI/Comp/209737.pdf) | | J | Blood Bank samples | All samples will be received by appropriately trained staff. Do not place the label over the date, time or initials of collector. | [*TS 2.2 Evaluating Patient Specimens*](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/SpecPro/202183.pdf) | | K | Urine samples | See photos in *PRC 2.0 Appendix D* | [*PRC 2.0 Appendix D*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/SpecProc/210484.pdf) |   **Procedure notes:**   1. All specimens must have accurate and legible patient identification on the specimen container and on the requisition. The identification on the requisition must exactly match the identification on the specimen label. 2. DO NOT return specimens to the unit(s) under any circumstances. Transfusion Services allows certain exceptions to this rule. Refer to [*TS 2.2 Evaluating Patient Specimens*](http://khan.childrensmn.org/Manuals/Lab/SOP/TS/SpecPro/202183.pdf)*.* 3. The identification on the patient’s armband must exactly match the identification on the specimen's label. These identifiers may include:    1. Patient’s full name    2. Medical record number    3. Date of birth   The source or site of the specimen is required by microbiology.   1. In emergency cases, a “John Doe” emergency medical umber can be issued and appropriate test requests generated. Refer to Children’s policy *630.00 Laboratory Specimen Labeling*. 2. Reject specimens according to policies:    1. [*GL 2.0 Unlabeled/Mislabeled Specimen Challenge Form and Procedure*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Gen/207584.pdf)    2. [*Children’s Policy 630.00 Laboratory Specimen Labeling*](http://khan.childrensmn.org/Manuals/Lab/SOP/Gen/Gen/207584.pdf)   **References**   |  | | --- | | Laboratory General Checklist, College of American Pathologists, 04/21/2014  CLSI. *Accuracy in Patient and Sample Identification; Approved GuidelineTM*. CLSI document GP33-A. Wayne, PA: Clinical and Laboratory Standards Institute; 2010  CLSI. *Specimen Labels: Content and Location, Fonts, and Label Orientation; Approved GuidelineTM*. CLSI document AUTO12-A. Wayne, PA: Clinical and Laboratory Standards Institute; 2011 | | | |
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| 1 | Chad Bryant, Lisa Kappenman, Daniel Shaw | June 15, 2015 |
|  | 2 | Lisa Kappenman | June 24, 2018 |