Current Status: Active PolicyStat ID: 10649969

Beaumont

 Origination:
 1/12/2022

 Effective:
 1/12/2022

 Last Approved:
 1/12/2022

 Last Revised:
 1/12/2022

 Next Review:
 1/12/2024

Document Contact: Colette Kessler: Mgr

Laboratory

Area: Laboratory-Chemistry

Key Words:

Applicability: Royal Oak

Automated Chemistry Criteria for Unacceptable Specimens - Royal Oak

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

The following list constitutes reasons for which a specimen may be considered unacceptable.

II. PROCEDURE:

- A. If it is decided that a specimen is unacceptable, the floor or the physician should be notified, and arrangements made to draw another specimen.
- B. If the physician insists that the specimen be tested, perform the test, provided the volume is adequate to do so, and note on the report as to why the result may be unreliable.

III. REASONS FOR UNACCEPTABLE SPECIMENS:

- A. If an improperly or unlabeled specimen is received, see Clinical Pathology Procedure, <u>Correction of Information on Specimen Labels: Proper Handling of Unlabeled/Mislabeled Specimens</u>
- B. Problems related to patient preparation or condition.

Problem	Test Affected	Corrective Action
Not fasting	Glucose Tolerance Test	Notify physician of need to recollect after proper fast.
Interfering Medication Parenteral Iron (e.g. Iron Sucrose)	Iron	See Comment in report field.
Odd color serum	Variable	Consult with pathologist/clinical chemist about possible interference.

C. Problems related to sample collection, preservation or treatment.

Problem	Test Affected	Corrective Action
Inadequate volume	Any	Redraw
Large air bubbles	Blood Gases	Notify floor to redraw
Not iced specimen	Blood Gases Ammonia	Request redraw
Improper collection tube-serum	Ammonia	Draw in EDTA tube
Oxalate, EDTA	Ca, Mg, Enzymes Others possible	Redraw
Not acidified	Urinary Catecholamines VMA Metanephrines	Acidify to pH 1-3; if initial pH does not exceed 7.0
Improperly times or inadequate collection	All clearance tests Urine amylase Other urine tests requiring 24 hour collection	Obtain actual collection time or recollect

D. Problems related to the sample itself.

Problem	Test Affected	Corrective Action		
Hemolysis >50 mg/dL	PLACA, Ammonia	Redraw		
Hemolysis >100 mg/dL	Iron	Redraw		
Hemolysis >200 mg/dL	Acetaminophen Lactic Acid Vitamin B12 Folate	Redraw		
Hemolysis (in vitro) >500 mg/dL	All tests except: Glucose Creatinine ETOH, BUN	Redraw* Creatinine, ETOH, Glucose, BUN: report with CHVT comment		
Hemolysis >1000 mg/dL	Glucose	Redraw*		
Gross Hemolysis	Creatinine, ETOH	Report with CHVT comment		
Gross Lipemia	Variable, but affects most tests	Ultracentrifuge specimen for all tests except: Cholesterol and Triglycerides. Perform Cholesterol and Triglycerides on unspun serum		

^{*}If it is determined that in-vivo hemolysis is occurring, testing can be performed. Refer to "Policy for the Determination of Hemolysis, Lipemia and Icterus"

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Medical Director	Ann Marie Blenc: System Med Dir, Hematopath	1/12/2022
Policy and Forms Steering Committee Approval (if needed)	Colette Kessler: Mgr Laboratory [RC]	1/12/2022
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Applicability

Royal Oak