**Principle:** When a result is reported as being from a misidentified patient, the following procedure is put into place to help identify the correct patient.

**Procedure:** The following steps will be followed until the correct patient is identified.

1. Once notified that a result is reported on a misidentified patient, a response team is immediately notified to start the investigation. The lead investigative team is comprised of the Client Support Representative and Phlebotomy Supervisor covering the Client involved, and a member of the Operations team. In addition, one or two off site LTC supervisors will be called in to assist as the consulting investigating team.
2. The lead on the consulting team will expedite the background investigation by contacting the testing department involved and have the specimen pulled to confirm labeling accuracy. The testing department will be asked to retest the sample if that has not been done previously.

1. The consulting team will look for the patient’s scanned requisitions. If the requisitions have not been scanned, the lead will contact the Client Service Department to locate the requisition for viewing.
2. The lead investigative team will obtain the phlebotomy draw log from the client’s location. The phlebotomist’s travel log is accessed and a cross reference of patients is done to look for any discrepancies.
3. The onsite Supervisor will immediately speak with the responsible phlebotomist to obtain any pertinent information regarding their accounting of the situation.
4. The consulting team will be kept apprised of the findings and will offer advice during the investigative process.
5. Supervisor and/or client support representative will accompany the phlebotomist to the nursing facility the same day the complaint is received. The phlebotomist is given a copy of the requisition and asked to take the supervisor and/or the client support representative and the Client’s Director of Nursing/nursing staff to the patient’s room to verify whether the patient indicated is the correct patient.
6. If the phlebotomist takes the team to the correct room however patient is not the patient drawn, obtain information if patient has a roommate. Have nursing staff assess roommate for sign of phlebotomy draw.
7. If there is not a roommate and no signs of phlebotomy draw, a census from the nursing facility is requested. The census is scanned for other residents with same or similar first and last names or date of birth. Ask nursing staff to assess these patients for signs of recent phlebotomy draw.
8. If no patients have similar identifiers or if those who do have similar identifiers do not present with signs of blood collection, look for all patients with same time frame of blood collection. Compare scanned images of other lab collections from the same time frame and look for discrepancies.
9. If no discrepancies, have the nursing staff accompany team to each patient listed on the phlebotomy draw log. If appropriate, ask the resident if they had blood collection. If resident is not able to speak, look for signs of blood collection and eliminate those persons from the investigation.
10. Ask nursing staff for any patients that are exhibiting symptomatic symptoms that are consistent with the reported results.
11. If patient is identified, repeat blood draw and testing for confirmation with the approval of the physician and guardian at no charge to the patient or Client.
12. If the above steps do not locate the patient, the investigative teams will help the nursing staff assess all other patients in the same **hall** and if determined necessary, will draw all patients needed with the approval of the physician and guardian for the testing that was originally performed.
13. If the above steps do not locate the patient, the investigative teams will help the nursing staff assess all other patients in the same **client number** and if determined necessary, will draw all patients needed with the approval of the physician and guardian for the testing that was originally performed.
14. If the above steps do not locate the patient, the investigative teams will help the nursing staff assess all other patients in the same **facility** and if determined necessary, will draw all patients needed with the approval of the physician and guardian for the testing that was originally performed.