STANTON TERRITORIAL HEALTH AUTHORITY

Yellowknife, Northwest Territories

TITLE: Specimen Acceptance and Rejection Policy	**Revision Date:** 30-April-2016	**Issue Date:** 30-April-2014
Document Number: SCM40100	**Status: Approved**	
Distribution: Specimen Control Manual	**Page:** 1 of 10	
Approved by: C. Case, Manager of Diagnostic Services	**Signed by:** Cheryl Case	

PURPOSE:

The goal of this policy is to ensure that diagnostic information for clinical decision making accurately reflects the patients for whom the test or procedure was ordered. The use of at least two patient identifiers to label sample containers in the presence of the patient is required for accurate patient identification. Sample misidentification is the most common cause of erroneous laboratory results.

Upon receipt in the laboratory, all specimens should be examined for visible contamination or breakage before being removed from the secondary container. Contaminated primary containers should be decontaminated or recollected before being sent to the work areas for testing, or the contents transferred to a clean container. Local policy should be developed for decontamination and clean up of these materials.

Any sample for which the specimen quality is in question, will be rejected prior to testing. Examples include inappropriate container or specimen tubes, samples with insufficient quantity for analysis, inappropriately stored or transported samples and samples that are too old for accurate testing.

POLICY:

- I-0500 Identifiers – The Use of 2 Patient Identifiers
    - This policy is to be used to determine appropriate handling of samples when they are not appropriately labeled, or when there is some question

about the identity of the patient from whom the sample was obtained.

- LSM30100 – Biological Safety Procedure
  - This procedure outlines how to safely handle and/or decontaminate contaminated primary containers.

- L-1050 – Laboratory: Troponin Assay and/or ECG to Assess Acute Cardiac Symptoms
  - The objective of this policy is to direct patient(s) suspected of having acute coronary syndrome who require care from the laboratory to emergency medical services.

SPECIAL SAFETY PRECAUTIONS:

Laboratory requisition slips should be protected from contamination and separation from the primary container. Grossly contaminated requisition slips should be discarded in the biohazardous waste and replaced. If the original requisition must be retained, it should be placed in a biohazard bag and photocopied. Discard the contaminated requisition and note on the copy the reason it was made.

Personnel who transport specimens must be trained in safe handling practices and in decontamination procedures in case of a spill. After primary containers are placed into externally uncontaminated secondary containers, they may be transported without gloves. If the outside of the specimen container is grossly contaminated, a new specimen should be requested. Within the laboratory, gloves should be worn when removing specimens from the secondary container and for all manipulations of the primary container.

PROCEDURE INSTRUCTIONS:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td colspan="2">Misidentified or Unidentified Samples</td></tr>
<tr><td>1</td><td>
Samples and any accompanying requisition not clearly labeled are considered misidentified or unidentified. In some circumstances, a misidentified sample may be recognized only after a laboratory obtains a test result. An example of this is when current results do not correlate with historical results (a previously O Positive patient is now testing as a B negative patient).

Misidentified or unidentified samples will be rejected and must be recollected if they are defined as recollectable samples in Step 2.

Non-recollectable samples are defined in Step 3 and the procedure for processing them is outlined in Step 4.

Examples include the following:

Samples are received unlabeled or incompletely labeled.
Requisition is received unlabeled or incompletely labeled.
Sample and requisition do not match.
Sample and requisition match, wrong patient.

<table>
<tr><th>Information Required on Requisition</th><th>Information Required on Sample</th></tr>
<tr><td>
Last and First Name of Patient
Health Care Number or equivalent
Date of Birth
Sex (Gender)
Location of the Patient
Phlebotomist/Collector Identifier
Date and Time of Collection
</td><td>
Last and First Name of Patient
Health Care Number (or equivalent) and/or Date of Birth
Source of Specimen (when appropriate)
Date and time of collection
Collector’s Initials (when appropriate)
</td></tr>
</table>
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	• Full Name of Ordering Professional (**MUST** have privileges) • Location that the order was placed from (Clinic) • Tests requested • Source of Specimen (when appropriate) • Clinical Information (when appropriate) • Procurement method (when appropriate)	

2	Samples that can be re-obtained without significant risk to the patient, and whose results are not likely to be different from those obtained initially because of any therapeutic intervention.
	• Among blood and urine samples, all but a few types are considered re-collectable. Samples from patients with difficult or inconvenient venous access are considered re-collectable unless they meet one of the criteria listed in Step 3.
	• The ordering clinician or designee (referral site or ward) will be notified when a test is to be cancelled because of misidentified or unidentified re-collectable samples.
	  ○ Wards will be phoned and notified of rejected tests from Stanton inpatients and ER patients.
	  ○ In some cases, requisitions or samples (such as ECGs) will be returned to the originating ward with a copy of **SCM40120 Unable to Process Form** attached.
	  ○ All other health care providers will be notified via the rejected test report generated in the Laboratory Information System.
	• All blood samples sent to the blood bank for purposes of obtaining material for	

	transfusion are automatically viewed as re-collectable; that is, if misidentified or unidentified, they **MUST** be redrawn even if they fall under one of the qualifiers listed below. • Re-collectable samples will **NOT** be processed if the sample is misidentified or unidentified.
3	Non-recollectable samples may be processed provided certain specific procedures are followed to determine and record the unique identity of the samples. The following are considered non-recollectable samples. • Samples obtained by invasive procedures such as surgery, biopsies, fluid aspirates, and fetal/amniotic sampling. • Bronchoscopy specimens • Urine obtained by cytoscopy or suprapubic aspiration • Medical devices for culture (Catheter tips, Intra-Uterine devices) • Deep wound • Nasopharangeal swab • Samples obtained before an intervention that might alter the result (eg, a sample sent for blood culture where antibiotic therapy was administered before a repeat sample could be obtained). • Umbilical cord blood, blood samples from neonates, or from infants less than six months of age for whom total blood volume is problematic. • Entire nail for fungal culture. • Renal calculi • Autopsy specimens • Pre-dialysis specimens
4	Processing a non-recollectable sample found to be initially misidentified or unidentified: 1. Investigate all samples considered non-recollectable for criteria that can establish uniqueness and thus secure linkage to the correct patient. Features defining uniqueness may include the nature of the sample, and the time and location of procurement (eg, the only body fluid obtained in ER that evening). 2. Record the criteria used to establish uniqueness on the requisition.

	3. Communicate with the person who collected the sample to validate patient and sample identity before registering and processing the sample. **PRIOR** to processing, ensure **SCM40110 Waiver of Responsibility** has been completed by the collector.

Step	Action
Unacceptable Specimen Quality	
1	Examples of samples that will be rejected due to unacceptable specimen quality will be: • Samples that have been inappropriately transported to the laboratory (Unspun or poorly spun samples). • Samples that have inappropriately stored (frozen samples received thawed, whole blood samples received frozen). • Inappropriate container or specimen tubes used (Serum tube sent for CBC). • Inappropriate volume collected (Coagulation tubes not appropriately filled). • Inappropriate preservative (blue top tubes for urinalysis). • Grossly hemolyzed, icteric or lipemic samples. • Insufficient quantity for analysis (NSQ). • Leaking samples for culture analysis. If a microbiology sample arrives leaking, it will be considered contaminated and rejected for analysis. • Samples that are delayed in transport and have exceeded the recommended time for sample stability. See **SCM21100 Primary Samples for Stanton Testing**. For testing referred to DynaLife, see http://www.dynalifedx.com/HealthProfessionals/tabid/153/Default.aspx

Step	Action
Leaking or Hazardous Samples	
1	Specimens deemed to pose a safety hazard to laboratory personnel will **NOT** be processed. • Grossly leaking or contaminated samples are both compromised in specimen

	quality and pose a health risk to laboratory staff. Under **NO** circumstances will leaked specimens be reclaimed from the inside of a biohazard bag. However, for samples not requiring culture and which have only limited leaking, the sample remaining in the primary container may be transferred to another sample container for processing providing the label is still legible and appropriate safety precautions are utilized. Alternately, a specimen container that is not leaking but has mild exterior contamination may be decontaminated by laboratory staff. • In the event that specimens arrive in the lab with sharps still attached to the primary specimen container, they will be rejected. In addition a RiskPro will be filed outlining the hazard to the safety of laboratory personnel.

Step	Action
Discipline Specific Requirements and Exceptions	
1	**Blood Bank Specimens:** In addition to the appropriate labeling required on all samples and requisitions, the following must also be present for samples sent to the blood bank for purposes of obtaining material for transfusion. • The Patient History field of the blood bank requisition must be completed. • For orders for blood components: type of component, quantity of component and the date and time the components are required for transfusion. • The name of the second identifying individual must be legible and present on the requisition. • The blood bank ID number must be present on both the sample and the requisition. • The date and time of collection must be present on the requisition and tube. • The collector's initials must be present on both the tube and requisition. • The patient's first and last name, date of birth, health care number and/or hospital number need to be present on both the specimen and requisition. In the event that a minor correction or addition needs to be made to the armband,

	requisition or specimen label, the collector may make the amendment provided that three sets of perfectly matching identifiers are present.
2	**Biochemistry:** • For tests with multiple time points – all points must be labeled on the specimen (eg. Fasting, 2 hours post). • For sample aliquots, the aliquot tube must clearly state the sample type sent (eg, urine, serum, plasma). • Troponin is not an orderable test on an outpatient basis. See **L-1050 Laboratory: Troponin Assay and/or ECG to Assess Acute Cardiac Symptoms**. In the event that an outpatient order for Troponin is received in the laboratory, **IMMEDIATELY** phone the ordering physician. The ordering physician **MUST** either cancel the test or direct the patient to the Emergency Department. Document the physician's direction in the order comments. In the event that the ordering physician is unavailable, ask to speak to the physician covering for the ordering physician. If no physician is available to take responsibility for the order, call Emergency and let them know you are sending a patient over and give them the reason why you are directing the patient to their care. Give a copy of the requisition to the Laboratory Supervisor and file a RiskPro incident.
3	**Microbiology:** • Specimen source must be identified on the requisition. • Antibiotic/clinical history should be provided on the requisition
4	**Hematology:** • In the event that a CBC is referred to Stanton and requires a Manual Differential or Morphology and no slides are sent or the slides are not appropriately labeled, the manual test will not be performed. • Manual slide reviews are only performed if indicated by the automated CBC.
5	**Semen Analysis:** • Date and time of collection is required on both the sample and the requisition. • The sample and/or requisition needs to indicate whether the sample is collected

for fertility or post-vasectomy.

- Samples will not be processed if they arrive at the laboratory outside of the hours of 08:00 am and 12:00 pm Monday through Friday. Semen samples will not be accepted on Statutory holidays.
- Samples need to be kept warm (at body temperature) and arrive at the laboratory within 30 minutes of collection.

RELATED DOCUMENTS:

- SCM40110 Waiver of Responsibility
- SCM40120 Unable to Process Form
- SCM21100 Primary Samples for Stanton Testing
- L-1050 Laboratory: Troponin Assay and/or ECG to Access Acute Cardiac Symptoms

REFERENCES:

- Clinical and Laboratory Standards Institute. (2010). *Accuracy in Patient and Sample Identification; Approved Guideline.* Wayne, Pennsylvania: Clinical and Laboratory Standards Institute.

- Clinical and Laboratory Standards Institute. (2010). *Procedures for the Handling and Processing of Blood Specimens for Common Laboratory Tests; Approved Guideline* (Fourth Edition ed.). Wayne, Pennsylvania: Clinical and Laboratory Standards Institute.

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	30Apr14	Initial Release	C. Russell