TRAINING UPDATE

Lab Location:	SGAH & WAH	**Date Distributed:**	3/5/2013
Department:	Processing	**Due Date:**	4/1/2013

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Fluid Processing – Non Urine GEC.S03, SGAH.S20, WAH.S19 v001 **Forms AG.F232.000 & AG.F233.000 (WAH only)**
Description of change(s):
Section 2: specify failure to follow may result in RQI Section 4: add CCPL Section 5: add items A.2 and section D Section 6: add Specimen Processing and Process for Notification of Reportable Quality Issues SOPs Addenda A & B: add time and tech code

Document your compliance with this training update by taking the quiz in the MTS system.

Form revised 3/31/00

Approved draft for training all sites (version 001)

Non-Technical SOP

Title	**Fluid Processing – Non Urine**	
Prepared by	Leslie Barrett	Date: 7/31/2009
Owner	Samson Khandagale	Date: 7/31/2009

Laboratory Approval		
Print Name and Title	**Signature**	**Date**
Refer to the electronic signature page for approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	**Signature**	**Date**

Form revised 3/31/00

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1. PURPOSE

This procedure outlines the process for sharing, receiving, and preparing non-urine body fluids for routine analysis. For urine specimens, see SOP Specimen Processing Duties and Receipt.

2. SCOPE

This procedure applies to all non-urine body fluids received in the laboratory for analysis. Failure to follow this procedure could result in the loss of an irretrievable specimen, which is a RQI (Reportable Quality Issue).

3. RESPONSIBILITY

All laboratory staff may perform this procedure.

4. DEFINITIONS

Specimen Type and Requirements

Fluid Type	Location	Specimen Requirement
Body Cavity Fluid	Fluid from a specific body cavity	10 ml. of fluid Minimum vol.are as follows: Chemistry – 1 ml. Hematology – 1 ml. Cytology – 1-2 ml.
Pleural Fluid	Fluid surrounding the lungs and lining of the Thoracic Cavity	10 ml. of fluid
Pericardial Fluid	Fluid that surrounds the heart	10 ml. of fluid

Form revised 3/31/00

Fluid Type	Location	Specimen Requirement
Cerebral Spinal Fluid *SGAH (Shady Grove Adventist Hospital)and non-ER (Emergency Room) orders at WAH (Washington Adventist Hospital)*	Fluid from the spinal column and cranial cavity	10 ml. in 4 separate tubes. Tubes will be distributed in the following manner: Tube 1 – Chemistry Tube 2 – Micro Tube 3 – Hematology Tube 4 – Cytology (if ordered)
Cerebral Spinal Fluid *ER orders at WAH*	Fluid from the spinal column and cranial cavity	10 ml. in 4 separate tubes. Tubes will be distributed in the following manner: Tubes 1 & 4 – Hematology Tube 2 – Chemistry Tube 3 – Micro
Amniotic Fluid	Fluid in the membrane enveloping the fetus	10 ml. of fluid
Peritoneal Fluid	Fluid lining the abdominal and pelvic walls and the underside of the diaphragm.	10 ml. of fluid
Synovial Fluid	Fluid secreted by the synovial membrane contained in joint cavities, bursae, and tendon sheaths.	10 ml. of fluid
Joint Fluid	Fluid from a union or junction between two or more bones	10 ml. of fluid

LIS functions of Sunquest system –
REI – Interface Requisition Entry
OER – Order Entry Review

CCPL – Capital Choice Pathology Laboratory

5. PROCEDURE

A. General Information
1. The routine analysis of non-urine body fluids may consist of gross examination, total cell count, differential cell count, a search for abnormal cells and crystals, microbiologic examination, chemical analysis, and cytological examination.
2. Receipt of Non-Urine Fluid Specimens
   a. ALL fluids must be delivered to the clinical laboratory Specimen Processing bench.
   b. The clinical laboratory specimen processor will check LIS, function OER, and any manual requisitions for clinical laboratory test orders.
   c. If there are NO clinical lab orders, the specimen will then be delivered to the CCPL (Cytology-Pathology) laboratory.
   d. If there are clinical lab orders, refer to section C below.

B. Fluid Samples with volume less than 8ml:
   1. Call physician if the specimen is not adequate to perform all of the tests ordered. On the back of the requisition, document the orders that the physician specified as priority, your name, date and time that you spoke to the physician.
   2. Use function OER to cancel any test not specified as priority, using cancellation code QNS- Quantity not sufficient to perform test. Complete the documentation in accordance with the procedure.
   3. If the ordering physician does not respond within 30 minutes, consult with a pathologist.

C. Specimen Handling:
   1. All non-urine fluid specimens will be handled as **STAT.**

   2. Initiate the **Fluid Checklist (see attachment A)**
      a. Document the patient name, order number, the date, time, and your tech code. When available, you may place a patient label on the checklist.
      b. Indicate the number of tubes, verify the received tube numbers, calculate the total volume for all tubes, and record on the sheet.
      c. Note if a cytology request sheet is present, by indicating Y (Yes) or N (No)

   3. Receive the orders into the LIS. Document the accurate date and time of collection, from the specimen, into the LIS. Label the specimen with the appropriate LIS labels.
      Note: Check that all test codes entered are for the appropriate type of fluid.
      Example: all test codes for CSF will start with C, such as CVDRL, or CGLUC.
      If there are any incorrect test codes, confirm the orders with the nurse prior to receipt of the specimen. Request the nurse to order the proper test code and cancel the improper test code. Receive ALL fluid orders.

   4. If the nursing unit has not placed the orders (i.e. specimen sent with a manual requisitions), order and receive the tests.

   5. For **Cerebral Spinal Fluid (CSF)** multiple tubes should be sent.
      NOTE: for WAH ER the handling is different – see step 6 and use site specific checklist
      a. If 4 tubes are sent, refer to the above section 4 table.
      Note: If cell count is ordered on both tubes 1 and 3, place an order for CRB1.
      b. If three tubes are sent and no cytology is requested, distribute the tubes as indicated in the table.
      c. If 3 tubes are sent and cytology is requested, deliver the cytology form to Micro along with Tube 2, and the microbiology technologist will deliver the remainder of tube 2 to the CCPL Cytology-Pathology department. If necessary, any un-centrifuged tube may be used for cytology.
      d. If less than two tubes are received, the volume may not be adequate, for all of the required testing. Call the ordering physician to ascertain the testing order priority and notify the nursing unit to revise the ordered tests. Deliver the specimens to the appropriate department or to microbiology for aliquoting via sterile technique.

6. WAH only - **Cerebral Spinal Fluid (CSF)** from **ER**
   a. Refer to table above in section 4.
   b. Initiate the **WAH ER CSF Checklist (see attachment B)**
   c. Follow the workflow as specified on the checklist.
   d. If cytology is requested, give requisition to Micro along with the specimen.

7. For **fluid** other than **CSF**
   a. Deliver all fluids to microbiology, with the checklist.
   b. Document on the checklist the receipt time and your tech code and prior to delivery to Micro.
   c. If a lavender top tube with fluid has been submitted, it can be delivered to hematology. If not, proceed to d.
   d. Microbiology will aliquot the specimen into screw-cap conical shaped tubes. The specimens will be returned to specimen processing, for distribution.
   e. The checklist will be initialed and timed by the person receiving and delivering the specimen to the various areas.
   f. The specimen for cytology will be delivered to the CCPL cytology-pathology staff member. During non-routine business hours, the cytology specimen will be delivered to the cytology refrigerator and documented in the logbook.
   g. Once the checklist has been completed it will be returned to the specimen processing area for filing.
   h. The checklist will be filed with the daily requisitions.
   i. The total routing time should not exceed **1 hour.**

D. Quality Assurance Check (***SGAH only***):
   1. Twice a day: once around 1130 and a second time around 1700, CCPL staff will deliver a copy of their tracking list for patients and fluid types to the SGAH Specimen Processing bench.
   2. The clinical laboratory processor will verify the two-days of LIS orders against the specimen type, for orders that may have been added or omitted. If unprocessed orders are found, retrieve the specimen and process as described above in section C.
   3. The clinical laboratory processor will initial the tracking list to document review and attach the list to the Daily Duties Checklist.

6. RELATED DOCUMENTS

OER – Order Entry Review, LIS procedure
REI – Ordering Tests, Receiving Specimens, Reprinting Labels, LIS procedure
Specimen Processing Duties and Receipt, Processing procedure
Process for Notification of Reportable Quality Issues, QA procedure

7. REFERENCES

Body Fluids, Third Edition, Kjeldsberg, C.R., and Knight, J.A., American Society of Clinical Pathologists Press, Chicago, 1993.

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP S021.003		
000	2/18/13	Section 2: specify failure to follow may result in RQI Section 4: add CCPL Section 5: add items A.2 and section D Section 6: add Specimen Processing and Process for Notification of Reportable Quality Issues SOPs Addenda A & B: add time and tech code	L. Barrett/ C. Bowman/ S. Khandagale	NCacciabeve

9. ADDENDA AND APPENDICES

A. Fluid Checklist
B. WAH ER CSF Checklist

Form revised 3/31/00

Quest Diagnostics

☐ Germantown Emergency Center
☐ Shady Grove Adventist Hospital
☐ Washington Adventist Hospital

Fluid Checklist

Place label here

_____	_____	_____	_____
Patient Name	Current Date	Current Time	Tech Code

_____
Order #

Specimen Processing – initiate checklist and fill in spaces as applicable

_____ml (document total fluid volume) _____number of tubes

_____ verify Cytology form present Yes (**Y**) or No (**N**)

Guidelines

1. Minimum amount of specimen to perform all tests is 10 ml.
2. If less than 8 ml phone nurse and verify ALL orders.
3. Call physician if specimen is not adequate to perform all testing ordered. Document what orders physician requested, your name, date and time you spoke to the physician.
4. If you cannot reach a physician within 30 minutes of receiving specimen consult with a pathologist.

Microbiology

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Hematology (minimum requirement 0.5 – 1.0 ml)

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Chemistry (minimum requirement 0.5 – 1.0 ml)

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Cytology (minimum requirement 1-2 ml or more)

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Miscellaneous Sendout Tests - Return specimen to Accessioning

_____Delivered at_____ (time)

_____Received at_____ (time)

Total Turn Around Time through ALL areas for routing should not exceed 1 hour.

File Fluid Checklist with scripts and downtime requisitions.

WAH ER CSF Checklist

Place label here

_____ _____ _____ _____
Patient Name Date Current Time Tech Code

_____
Order #

Specimen Processing – initiate checklist and fill in spaces as applicable

_____ml (document total fluid volume) _____number of tubes

_____ verify Cytology form present Yes (**Y**) or No (**N**)

Guidelines
1. Minimum amount of specimen to perform all tests is 10 ml.
2. If less than 8 ml phone nurse and verify ALL orders.
3. Call physician if specimen is not adequate to perform all testing ordered. Document what orders physician requested, your name, date and time you spoke to the physician.
4. If you cannot reach a physician within 30 minutes of receiving specimen consult with a pathologist.

Microbiology – Tube 3

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Hematology – Tubes 1 and 4 (minimum requirement 0.5 – 1.0 ml)

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Chemistry – Tube 2 (minimum requirement 0.5 – 1.0 ml)

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Cytology (minimum requirement 1-2 ml or more)

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Miscellaneous Sendout Tests - Return specimen to Accessioning

_____ Delivered at _____ (time)

_____ Received at _____ (time)

Total Turn Around Time through ALL areas for routing should not exceed 1 hour.

File CSF Checklist with scripts and downtime requisitions.