TRAINING UPDATE

Lab Location: Department: SGAH & WAH Client Service & Processing

 Date Distributed:
 7/11/2014

 Due Date:
 8/11/2014

 Implementation:
 8/12/2014

DESCRIPTION OF PROCEDURE

Name of procedure:

Special Specimen Collections SGAH.CS881, WAH.CS878 v0

Outpatient Lab - Special Specimen Collection Request AG.F292.0

Description of change(s):

This is a new procedure and form that describes the process for outpatient specimen collection when the collection technique or procedure cannot be performed by Lab staff.

Note: throat culture collection by the Lab will be discontinued when this new SOP is implemented.

This SOP will be implemented on August 12, 2014

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

Approved draft for training all sites (version 0)

Non-Technical SOP		
Title	Special Specimen Collections	
Prepared by	Samson Khandagale	Date: 7/2/2014
Owner	Samson Khandagale	Date: 7/2/2014

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

TABLE OF CONTENTS

1.	PURPOSE	. 3
2.	SCOPE	. 3
3.	RESPONSIBILITY	. 3
4.	DEFINITIONS	. 3
5.	PROCEDURE	. 3
6.	RELATED DOCUMENTS	. 4
7.	REFERENCES	. 4
8.	REVISION HISTORY	4
	ADDENDA AND APPENDICES	

1. PURPOSE

This procedure describes the process for outpatient specimen collection when the collection technique or procedure cannot be performed by Laboratory personnel.

2. SCOPE

Applies to specimens that cannot be collected by Laboratory personnel by venipuncture or finger / heel stick and includes, but not limited to various microbiology cultures (throat, eye, ear, nose, rectal), urine catheterization, and difficult blood draws It does not apply to specimens collected by an indwelling catheter.

3. RESPONSIBILITY

Client Service staff must have knowledge and comply with this procedure.

4. **DEFINITIONS**

ED – Emergency Department

5. **PROCEDURE**

- 1. The registered patient presents to Laboratory with physician order to perform testing.
- 2. The Client Service staff processes the order per SOP 'Outpatient Processing'.
- 3. If the patient has an indwelling catheter, refer to SOP 'Blood Collection from Indwelling Catheter'.

- 4. For other testing that is not routinely collected by laboratory personnel:
 - a. Complete the "Outpatient Lab Special Specimen Collection Request" form and make a copy.
 - b. Attach LIS collection labels to the original Collection Request form and hand to the patient.
 - c. Inform the patient that the specimen must be collected in the ED and there may be a wait time
 - d. Direct or escort the patient to the Triage Area of the ED.
 - e. If the test requires special collection supplies, confirm that the ED has the item(s) or take supplies when escorting patient.
 - f. Staple the physician order to the copy of the Collection Request form and file with daily outpatient requisitions.
- 5. ED Collection Process
 - a. <u>If Successful Collection</u>: ED Nurse/Collector sends the properly labeled specimen and Collection Request form to the Lab. The ED may retain a copy of the form for their records.
 - b. <u>If specimen was NOT collected</u>: ED Nurse/Collector will describe the unsuccessful collection on the form under 'RN comments' and send the form to the lab. Lab will cancel the test.
- 6. Processor receives specimen(s) in LIS and forwards to the testing bench. The Collection Request form is placed in the appropriate file.

6. **RELATED DOCUMENTS**

Outpatient Processing, Client Service procedure Blood Collection from Indwelling Catheter, Phlebotomy procedure Outpatient Lab - Special Specimen Collection Request (AG.F292)

7. REFERENCES

N/A

8. **REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By

9. ADDENDA AND APPENDICES N/A



□ Washington Adventist Hospital

Outpatient Lab – Special Specimen Collection Request

Laboratory services request collection of specimen(s) on:

Today's Date:	Time:
Patient Name:	_ Date of Birth:
Requesting Physician:	_
Account/Billing Number:	
Medical Record Number:	
Procedure to be performed:	
Laboratory Personnel:	Print Name
Note - Original copy: attach collection labels and escort / di Copy: staple to Lab's face sheet / prescription docum	nentation and file
□ Successful collection □ Unsuccessful c	
RN Comments:	
Collection Personnel:Signature	Title Print Name

Send properly labeled specimen(s) and Collection Request form to the Lab