TRAINING UPDATE

Lab Location:	GEC, SGMC & WAH	**Date Distributed:**	7/1/2015
Department:	Processing & Core	**Due Date:**	7/29/2015
		Implementation:	**7/29/2015**

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Specimen Receipt and Processing GEC.S232, SGAH.S902, WAH.S900 v1

Description of change(s):

Section 4: add SDES and SREQ

Section 5: Add detail to microbiology (step B.5) [*require time on specimens]*, Change clear tube to plain yellow top for other urine tests and stability for preservative tube (step C.5)

Section 6: Remove Microbiology Processing SOP *(this SOP will be retired)*

This SOP will be implemented on July 29, 2015

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

Approved draft for training (version 1)

Non-Technical SOP

Title	**Specimen Receipt and Processing**	
Prepared by	Samson Khandagale	Date: 3/20/2015
Owner	Samson Khandagale	Date: 3/20/2015

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**

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1. PURPOSE

This procedure describes the basic duties and tasks performed in Specimen Processing, including receipt and preparation of specimens for testing within the Laboratory.

2. SCOPE

This procedure applies to all staff assigned to Specimen Processing.

3. RESPONSIBILITY

All staff assigned to Specimen Processing must understand and perform these duties.

4. DEFINITIONS

Adequacy – an adequate specimen is one that is sufficient for testing if Characteristics that should be considered when evaluating the adequacy of a specimen include, but are not limited to, the following.

a. Accurate specimen labeling
   - Patient name and medical record number are required.
   - Patient billing number (FIN) may be used in place of the medical record number during periods of computer downtime.
   - Specimen must contain date and time of collection.
   - Specimen must contain initials or identification of the person who collected or labeled the specimen.

b. Accurate paper requisition, when present. If a paper requisition is sent with a specimen, information on the requisition must match information on the specimen label.
c. Correct specimen container
d. Adequate specimen volume
e. Timely specimen delivery (as outlined by the stability standards for the requested test(s).

f. Accurate blood-to-anticoagulant ratio as indicated by the collection tube and test requirements
g. Adequate visual inspection of the tube/container.
   - Specimen does not appear to be contaminated.
   - Specimen is not leaking.
   - Visual clots are not seen.
   - Gross hemolysis is not seen.
h. Accurate correlation of specimen collection time when timed specimens are collected.

Irreplaceable specimen – a specimen obtained by invasive means that is not easily obtained or replaced, i.e. CSF, body cavity fluids, fine needle aspirations, surgical biopsies, etc.

Replaceable specimens – specimens that can be replaced through a repeated venipuncture or non-invasive specimen collection - such as random urine, sputum, and stool

Unacceptable – a specimen that will not be accepted for testing

SDES – Specimen Description

SREQ – Special Request

5. PROCEDURE

A. General Information

1. Specimens are received into the LIS via Order Receipt/Modify

2. Specimens are delivered via:
   a. Pneumatic Tube System
   b. Phlebotomist / Client Service staff
   c. Hospital Transporter
   d. Other care provider

   Note: Specimens that are delivered by non-lab personnel must be recorded on the Laboratory Specimen Receipt Log by the person delivering.

3. All specimens must be properly labeled with two unique patient identifiers.
   a. The identifiers are patient name and medical record number. The patient billing (account) number is acceptable during computer downtime.
   b. Date and time of collection and initials/code of collector is required on all specimens.
   c. All specimens must be adequate, refer to Definition section
   d. Blood Bank specimens have additional labeling requirements, refer to blood bank section below.
   e. Refer to the laboratory policy 'Specimen Acceptability Requirements' for additional details and process for improperly labeled specimens.

4. Check all the orders in the LIS and ensure all of the test codes are correct.
   a. The specimen type should be appropriate for the test code,
      Examples: a lavender top tube should be submitted for a CBC
      Stuart swab/media should be submitted for MRSA PCR
   b. If the sample is incorrect or inadequate, refer to the laboratory policy 'Specimens Acceptability Requirements' for appropriate action.
   c. There should only be one specimen type per test order (blood, urine, stool, etc.)
   d. Every Micro order must be on a s**eparate LIS accession number.**
   e. The test codes ordered should be the correct codes for the specimen type.
      1) Make the necessary test code changes if necessary before receiving the specimen.
      2) If two specimen types are on one order number, separate the orders by choosing one specimen type and canceling all orders for this specimen type. Reorder those tests under a new order number.
   f. If there are duplicate orders for the same time, receive one of the orders and cancel the duplicate test documenting the duplicate accession number.
   g. If orders include overlapping tests, receive the more inclusive order and cancel the other.

5. For Blood Bank specimens, refer to B4.

6. If there are no orders for a specimen, refer to the procedure Specimens without Orders.

B. <u>Receiving Specimens</u>

1. Separate by specimen types (bloods, urines, Micro orders), ensuring that irreplaceable specimens are processed **first**.

2. Nurse collected specimens
   a. Specimens will be labeled with an LIS label or a Cerner patient label.
   b. Reject any specimens with labeling errors. Refer to the procedure 'Specimen Acceptability Requirements'.
   c. Specimens are received in General Lab ➔ Order Receipt/Modify.
   d. Enter the collect time. If the time is not on the requisition or tube, call the nursing unit and have RN come to the lab to put collection time on the samples. Samples with no collect date and time should be rejected.
   e. Utilize one of the following as phlebotomist code
      1) 850 – RNC – Nurse draw
      2) 860 – EDC – ER draw
      3) 870 – MDC – Dr. draw
      4) 880 – PTNC – Patient to collect (usually urine, sputum, stool)
      5) 888 – Unknown
   f. Label all specimens with the <u>LIS barcode label</u>. The labels are placed on the tube vertically with the accession number at the top. CBC labels should start ½ inch from the stopper.

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3. Phlebotomist collected specimens
   a. These specimens are routinely labeled with LIS barcode label.
   b. Specimens are received via General Lab ➔ Order Receipt/Modify.
   c. Enter the time of collection indicated on the specimen, the phlebotomist's tech code and workload code.

4. Blood Bank Specimens
   a. Blood Bank specimens for TS or TSNEO must be labeled with the **Blood Bank Armband system**. **There should be no evidence of changes to the label or additional labeling under the armband label.**
   b. All Blood Bank specimens must be labeled with the following information:
      1) Patient's complete name
      2) Medical Record Number
      3) Date and time of collection
      4) Identification of the person collecting the sample.
   c. Processors receive specimens in the LIS General Lab ➔ Order Receipt/Modify. **Note:** ABO retype specimens with fluorescent green labels do NOT need to be received in the LIS, deliver directly to the Blood Bank.
   d. Deliver specimens and armband label strip (if applicable) to the Blood Bank.

5. Microbiology Specimens
   ~~Refer to Microbiology Specimen Receipt and Processing SOP~~.
   a. Specimens will be labeled with an LIS label or a Cerner patient label. If a downtime requisition is submitted, verify patient identification on requisition and specimen match.
   b. Use function OER, REI or Order Receipt/Modify to receive microbiology specimens.
   c. Microbiology orders require entry of a specimen description (source) during the receiving process. To enter SDES:

      Basic Microbiology instructions:
      1) System will prompt as below
         RESULT ENTRY AT RE FOR RESP
         SDES:
         SREQ: HIDE
         ACCEPT (A), MODIFY (M), OR REJECT (R)? **M**
         Note: SREQ (Special request) is not utilized in LIS; it automatically is resulted as 'HIDE'.
      2) If the specimen source was entered with the order, verify that the order and the specimen source are correct (do they match?). If they match, the specimen may be received. Proceed to the next step if they do not match.
      3) If the source was not included when the test was ordered or is wrong, the order must be modified to include the source.
         a) At the " accept/modify/reject" prompt, select **M** (modify)
         b) Retype the test code **SDES** beneath the test at the "test prompt" (this will bring up the source request)

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- Type the culture source at the "source prompt"
- Acceptable source codes may be found by typing a left bracket "[" followed by a few letters that describe the source.
  Example: "[nasal" will give the source code "NP"
- Use a hyphen to add further descriptions
  Example: FOOT-RT for right foot

4) At the "accept/modify/reject" prompt, select **A** (accept)

d. Input the collect time of the specimen. Samples with no collect date and time should be rejected.
e. Label all specimens with the LIS barcode label.

C. Processing Specimens

1. Separate by Laboratory sections (Chemistry, Hematology, Coagulation)

2. Place samples that need to be spun into the centrifuge. Spin for the time and speed posted on the centrifuge.
   Note: SST tubes and red top tubes should stand vertically for 20 minutes from collection time before centrifugation. This will reduce the formation of a fibrin clot.

3. Deliver specimens to appropriate workstation
   - Hematology (lavender top)
   - Coagulation (blue top)
   - Blood Bank (larger lavender top and cord blood)
   - Microbiology (cultures)
   - Urinalysis (urines)

4. Remove specimens from the centrifuge and deliver to appropriate workstation.

5. Urine samples that are received in a cup are aliquoted according to protocol.
   - If urine is received **within 2 hours of collect time**, aliquot into
     - Yellow/red tiger top (urine preservative) tube for UA; stable for ~~72~~ 24 hours without refrigeration
     - Gray top urine culture and sensitivity tube; stable for 48 hours
     - Plain yellow top tube for Urine Drugs of Abuse, HCG or urine Chemistry testing
   - Urine samples in a cup collected **more than 2 hours** before receipt must be rejected for culture. Notify the nursing unit and document per SOP 'Specimen Acceptability Requirements'.
   - Exception: ABH, ARH and Mercy Health refrigerate samples prior to submission; therefore these **will be accepted** post 2 hours.

6. Fluid Samples: All fluid samples MUST be received in LIS as a priority **as soon as possible** after collection. Refer to procedure Fluid Processing - Non Urine for specific details.

7. For aliquot tubes that are to be sent to Chantilly, WAH or SGMC site, refer to the procedure Specimen Processing Sendouts for detailed instructions.

8. Utilize function **MIQ** for specimen handling instructions, unusual tests or questionable specimens. If information is not available in the LIS, utilize one of the following to obtain the required information.
   - Directory of Services on AHC intranet
   - Quest Diagnostics website for Chantilly under Test Menu (www.questdiagnostics.com)
   - Call Chantilly Client Services' department for clarification of tests, collection requirements and handling if necessary.

6. RELATED DOCUMENTS

LIS procedures
- Order Entry
- Receiving Orders in LIS
- MIQ 1 – Maintenance Inquiry, Test Code Lookup

Laboratory policies
- Specimens Acceptability Requirements
- Cancelling Tests/Orders

Specimen Processing procedures
- 24 Hour Urine, Storage and Processing
- Specimen Storage via Spec Track
- ~~Microbiology Specimen Receipt and Processing~~
- Specimen Processing Sendouts
- Fluid Processing - Non Urine

Laboratory Specimen Receipt Log (AG.F323)

7. REFERENCES

None

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
0	6/8/15	Section 4: add SDES and SREQ Section 5: Add detail to microbiology (step B.5), change clear tube to plain yellow top for other urine tests and stability for preservative tube (step C.5) Section 6: Remove Microbiology Processing SOP	L Barrett	S Khandagale

9. ADDENDA AND APPENDICES

None

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