TRAINING UPDATE

Lab Location:	GEC, SGMC & WOMC	**Date Distributed:**	7/1/2020
Department:	All staff	**Due Date:**	7/31/2020
		Implementation:	**7/13/2020**

DESCRIPTION OF REVISION

Name of procedure:
Specimen Labeling (Secondary) SGAH.L976 v1
Description of change(s):
Header: changed WAH to WOMC Section 5: added note to compare with base label in steps 4 and 5 This revised SOP will be implemented July 13, 2020

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

Non-Technical SOP

Title	**Specimen Labeling (Secondary)**	
Prepared by	Stephanie Codina	Date: 9/7/2017
Owner	Robert SanLuis, Stephanie Codina	Date: 9/7/2017

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:	

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1. PURPOSE

To define the process for the secondary labeling of specimens.

2. SCOPE

This procedure applies to the secondary labeling of laboratory specimens. This procedure does not apply to blood bank specimens; only blood bank staff members will be allowed to place a secondary label on a blood bank specimen.

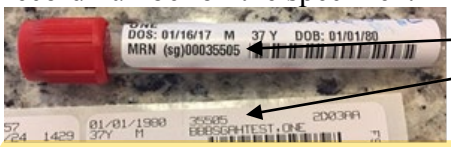
3. RESPONSIBILITY

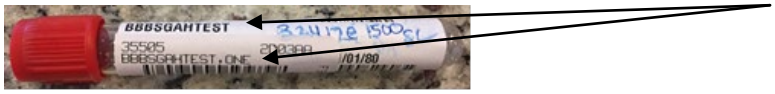
All staff members must understand and adhere to this procedure when labeling specimens.

4. DEFINITIONS

Secondary Labeling: The process of adding a second label to a tube that already contains patient identifiers. This generally occurs when lab staff members add a barcoded lab label to a specimen tube that is already labeled with a handwritten or hospital label.

5. PROCEDURE

Step	Action
1	Specimens may arrive in the laboratory that have labels that cannot be read by laboratory instruments (Cerner labels, handwritten labels, labels with barcodes that are applied improperly). In these cases, laboratory staff members will apply a barcoded laboratory label to the specimen.
2	Verify that the original labeling meets laboratory acceptance criteria and contains all of the following elements: A. Patient's full name B. Patient's medical record number C. Date and time of collection D. Collector's initials or identification
3	Print a laboratory label for the specimen.
⚠ **Start Critical Step**	
4	Compare the patient name on the laboratory label to the patient name on the specimen. Names must match exactly.  **Note**: If the sample contains more than one label, you must compare the laboratory label to the base label (original label applied by the collector).
5	Compare the patient medical record number on the laboratory label to the medical record number on the specimen. Medical record numbers must match exactly.  **Note**: If the sample contains more than one label, you must compare the laboratory label to the base label (original label applied by the collector).
6	Write your tech code on the lab label to indicate you verified the name and medical record number on the lab label to the name and medical record number on the tube. 

Step	Action
7	Apply the label to the tube in a manner that allows the patient name on the original label to remain visible. Technical staff will be required to verify both names prior to testing. Center the barcode on the tube lengthwise, to help ensure laboratory instruments will read the barcode.  **Note**: If the original tube label is positioned in a way that makes it impossible to align the label so both names show, a second staff member must complete steps 4-6 above prior to applying the label to the tube. In situations like this, please make a photocopy of the specimen labeling (to include the initials/ID of the person who collected the specimen) and document labeling on a PI/Variance form. This will allow a member of the management team to re-educate staff members who are not following the laboratory labeling procedures.
End Critical Step	

Disciplinary Action
Patient identification and specimen labeling procedures are critical to the provision of accurate and timely laboratory results. The supervisor will have the option to escalate disciplinary action for patient identification and specimen labeling errors when the investigation reveals the employee did not follow proper procedure. **An employee may be terminated if he/she makes more than one patient identification and labeling error within a rolling 365-day period.**

6. RELATED DOCUMENTS
N/A

7. REFERENCES
N/A

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
0	6/25/20	Header: changed WAH to WOMC Section 5: added note to compare with base label in steps 4 and 5	L Barrett	R SanLuis

9. ADDENDA AND APPENDICES
None