SPECIMEN REJECTION CANCELLATION PROTOCOL

☐ St. Joseph Medical Center Tacoma, WA ☐ St. Clare Hospital Lakewood, WA ☐ St. Elizabeth Hospital Enumclaw, WA
☐ St. Francis Hospital Federal Way, WA ☐ St. Anthony Hospital Gig Harbor, WA ☐ Highline Medical Center Burien, WA ☒ PSC

PURPOSE

To describe the process used at FHS laboratories when a test is cancelled or a sample is rejected.

PROCESS DESCRIPTION

All samples received in the laboratory are reviewed for proper identification and acceptability for analysis. During this pre-analytic phase, if the laboratory employee determines that the sample identity needs to be corrected before proceeding, this is initiated by the lab assistant, tech, specimen coordinator or pathology staff. If a sample is deemed **unacceptable** for analysis due to one or more of the issues listed below, the lab assistant or person handling the sample must seek final sample acceptance vs rejection from the person listed under "Responsibility". **Only individuals listed here have authority to make the final rejection determination.**

RELATED DOCUMENTS

Quality Form R-F-AD-0902
Result Correction/Test Credit Form R-F-AD-0537

ISSUES REQUIRING CANCELLATION OR REJECTION

ISSUES	RESPONSIBILITY
APPEARANCE	
Sample Type (correct transport media, questionable sample type)	Specimen Center Coordinator Med Tech Lead/MLT Lead/TIC Microbiologist (if micro specimen)
Labeling (See separate policy in Specimen Center SOP	Main Lab – Spec Ctr Coord/Lab Assistant Transfusion Service- Transfusion Service Tech
Requisition Information	LIT/Customer Svc Rep or Lab Assistant
Sample transporation/storage (frozen, thawed, room temperature)	Specimen Ctr Coord/Med Tech Lead/TIC
Suboptimal samples (improperly filled, wrong preservative, QNS)	Specimen Ctr Coord/Med Tech Lead/TIC
Hazardous receipt – See separate protocol regarding handling leaking samples, syringes with needles attached, etc., in Lab Safety Policies. The first lab employee who handles the sample should contain the hazard.	Specimen Ctr Coord/Med Tech Lead/TIC
Ambiguous order/sample received – Samples should be stored at optimum condition in the TIQ bin(s) while the test(s) are in question and retained for the usualy retention time. May order	Med Tech Lead/TIC (Try and obtain clarification of order or order FOLLOW UP, so that LIT/CSR can obtain clarification next day). Maintain sample stability

XCBC, XUA for those samples to obtain results while sample is fresh while waiting on orders to be confirmed.	by centrifuging serum/plasma to preserve most likely sample type.
Pathology Samples	A pathologist at SJ Pathology Department, PSIP, or at the site of specimen origin.

TECHNICAL:	
Sample quality - Hemolyzed	Med Tech Lead/TIC or Transfusion Service Tech
- Lipemia	Med Tech Lead/TIC
- Clotted	Tech
Age of Sample	Med Tech Lead/TIC

NOTIFICATION

Notification of a sample rejection should be given as soon as possible to the nursing unit or office staff, so that additional direction can be given or the patient called for re-collection of sample. If after hours and unable to contact the physician's office staff, order a FOLLOW UP test or leave information for follow-up request for the next shift. The notification of sample rejection must be documented in LIS.

CANCELLATION

In the process of cancelling a test (CTS), the appropriate cancellation “reason” must be chosen to maintain an accurate audit trail of the specimen. It is important to note that cancelled tests do NOT appear on the chart, and additonal documentation may need to be entered in Cerner.

DOCUMENTATION

- Documentation of rejection/cancellation may be done by attaching a footnote to the canceled test, or by ordering PROBLEM , FOLLOW UP, or COMMENT tests. Here are guidelines for how to use these options for documention. Generally, most documentation is for internal lab use, and therefore “non-chartable”.

Non-Chartable Methods

- Order Footnote (attached to a cancelled test): Use to document the details of the notification of specimen rejection for *internal* lab use. This information is “non-chartable” whether it is placed above or below the line.

- PROBLEM - Use when additional information needs to be documented about this rejection/cancellation for *internal* lab use. This information is “non-chartable”.

- FOLLOW UP – Use if someone needs to contact the provider’s office the next morning to relay the rejection/cancellation information. This documentation is “non-Chartable”.

Chartable Methods

- Comment – Order if a “chartable” comment needs to be appended to the patient lab report. This information must be typed above the line.

Note: A Quality form must be filled out when appropriate (i.e., mislabeled, etc) to the situation. Document all pertinent information.

CREDITING

If the rejected test has been resulted, crediting the test needs to occur.

- Order a "credit only" of the same test, using the appropriate reason for crediting the test (this should only be done by staff specifically trained in selecting the appropriate “chargable” test) or

- Complete a RESULT CORRECTION/CREDIT FORM and route for crediting to client service area or a manager/supervisor.

REJECTED SAMPLE RETENTION

Samples, even though rejected, MUST be stored for their usual retention times. Appropriate samples should be stored in CLIP (sample inventory system) and wrapped with red tape to indicate “Do Not Use”. To be stored in CLIP a specimen must have an accession number which can be the cancelled test, the PROBLEM (inpatient sample), or FOLLOW UP (outpatient sample), XLAV, XGRN, XRED, etc.

Please Complete Review by date: 9/17/15

Reviewer	Approval Required?	Date Reviewed	OK?	Not?	Suggestions
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DOCUMENT APPROVAL **Purpose of Document / Reason for Change:**			
New format. Changed QIM to quality form. Added ECR for as related document			
☐ *No significant change to process in above revision. Per CAP, this revision does not require further Medical Director approval.*			
Committee Approval Date	☐ Date: 9/17/15 ☐ N/A – revision of department-specific document which is used at only one facility	**Medical Director Approval** *(Electronic Signature)*	Katie Wilkinson, MD 9/17/15