

SPECIMEN LABELING ACCEPTANCE STANDARD – FHS LAB COLLECTED

- 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 ENUM GIGL PSC

PURPOSE

This policy clearly delineates the acceptable labeling standard for all primary specimen containers.

BACKGROUND

Correct patient identification and proper labeling of all samples for laboratory testing are the most critical first steps. The first lab employee to receive a sample holds the responsibility of ensuring that the proper labeling standards have been met before accepting the sample for testing. Best practice dictates that all samples be properly labeled to ensure patient safety and prevent errors in patient diagnosis and treatment.

RELATED DOCUMENTS

- R-F-AD0902 Quality Improvement Monitor form
- IRIS Incident Reporting Information System
- R-PO-SPC0121 Specimen Labeling Acceptance Standard – Client Collected
- R-W-TS0100 Labeling Pre-Transfusion Specimens

POLICY

Optimum specimen identification includes two patient identifiers on the primary container of every specimen submitted for testing. Incorrectly labeled specimens may be subject to rejection.

Laboratory primary specimen containers (tubes, sample cups, swabs) are labeled with the following content:

1. Patient’s full name, i.e., LAST, FIRST (1st patient identifier)
2. DOB. MRN or SS# are also acceptable (2nd patient identifier)
3. Date specimen was collected
4. Time specimen was collected
5. Tech ID (Lab only) of collector

Type of label to use:

- Label used may be a pre-printed label but must include the above information.
- In the absence of a pre-printed label, the above contents can be hand-written on the sample.

Where labeling occurs:

Sample labeling must always occur in the presence of the patient.

Who does the labeling:

Specimens must only be labeled by the collector or by the care-giver assisting a collector.

Notification of unacceptable labeling:

Errors or omissions, other than those described in the attached table are not acceptable for testing and the specimen needs to be recollected.

- Contact the collector and request a redraw.
- Blood Bank errors – See separate document for Labeling Pre-transfusion Specimens R-W-TS0100.

Documentation of labeling error:

- Hospital registered patients - document mislabeling error using Nurse/Lab Patient Mismatch Alert Form located on the lab Intranet/portal and fax to applicable nursing unit/charge nurse and route to lab manager for follow-up and tracking.
- PSC collections – document mislabeling error using a Laboratory QIM form and CRM.
- Client collections (Paclab) – See separate policy Sample Labeling Acceptance Standard – Paclab Client Collections.
- Manager/Supervisor enters IRIS to document event for FHS hospital and FMG errors.

Any specimen acceptance beyond this point, i.e., irretrievable specimen, requires approval from MTC or Lead, Specimen Center Coordinator, Supervisor, Manager or Pathologist.

Irretrievable specimens:

The following list is not inclusive, but indicates those specimens to which testing may be considered when samples are improperly labeled: Bone Marrows, Body fluids (CSF, synovial fluid, pleural fluid, amniotic fluid), Blood cultures collected pre-antibiotic treatment, Biopsies, Kidney stones, Products of conception, All Histopathology/Cytology specimens (including PAP smears).

Acceptable Corrections:

Acceptable Corrections	Method of Correction	Authorized Corrector
Minor Discrepancies		
Omissions of date or time of specimen draw	If collection time is uncertain and needed to determine correct match with order validate in Cerner or on Paclab requisition or facesheet or contact collector for correct info	Lab staff
Misspelling of first or last name if one letter is wrong or two letters are transposed	Validate in Cerner or on Paclab requisition that only one patient exists and correct spelling can be identified or contact collector and validate patient name spelling	Lab staff
Typographical errors of MRN, DOB or SSN (<i>a numeric identifier</i>) if only 1 digit is wrong or two digits are transposed	Validate in Cerner or on Paclab requisition or facesheet that only one patient exists and correct MRN can be determined or contact collector and validate patient MRN	Lab staff
Typographical error if use of a shortened name form, i.e., Bill for William	Validate in Cerner or on Paclab requisition or facesheet that only one patient exists and correct legal name can be determined or contact collector and validate patient legal name	Lab staff
Typographical error if use of middle name as the first name, i.e., patient goes by Jim but legal name in registration system is Smith, Ronald J.	Validate in Cerner or on Paclab requisition or facesheet that only one patient exists and correct legal name can be determined or contact collector and validate patient legal name	Lab staff
G:\Lab\Lab\Document Control\Specimen Processing Active\Specimen Labeling Acceptance Standard – FHS Collected.doc		Effective Date: 6/14/12
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Unacceptable Errors:

Major discrepancies	Actions	Authorized Individuals
If there are other errors, omissions, wrong name, unlabeled, wrong patient collected, etc., the specimen needs to be recollected	Contact the collector and request a redraw. If the sample is an irretrievable type or if the collector insists it be accepted for testing, involve one of the authorized individuals to the right. Document mislabeling error using Nurse/Lab Patient Mislabeled Alert form or QIM (Paclab only) and route to lab manager for follow-up and tracking.	Any specimen acceptance beyond this point, i.e., irretrievable specimen, requires approval from MTC, MT Lead, Spec Ctr Coord, Supervisor, Manager or Pathologist

DOCUMENT APPROVAL Purpose of Document / Reason for Change:			
6/14/12 – New format/header. Title change. Separated this policy from client collections and added Paclab language for PSC staff collections. Rephrased policy statement. Added documentation section. Added irretrievable sample examples. Added some unacceptable error examples. Added related documents.			
Committee Approval Date	6/14/12	Medical Director Approval (Electronic Signature)	6/18/12 <i>Linda D. Burkhardt, M., D.</i>