SPECIMEN REJECTION CANCELLATION POLICY

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

PURPOSE

To describe the process used at CHI-Franciscan Health Laboratories when a test is cancelled or a sample is rejected, to define who has the authority to make decisions to reject a sample submitted for testing, and to define standard actions, communications, and documentation when samples are not optimal.

BACKGROUND

All samples received in the laboratory are reviewed for proper identification and acceptability for analysis. For specialty samples, always engage a resource in that department (ie: Micro, Blood Bank, Pathology) before any decision is made. The laboratory will attempt to utilize the sample submitted whenever possible including allowing some minor error corrections or evaluating alternative laboratories for the testing. In addition, there are laboratory samples that are considered irretrievable and must be considered.

GENERAL PRINCIPLE

During the pre-analytic phase, if a 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, the lab assistant or person handling the sample must seek final sample acceptance vs rejection from the person listed under "Authorized Decision Makers". Only the decision makers listed here have authority to make the final rejection determination.

RELATED DOCUMENTS

Specimen Acceptance Aurthorization Form
Quality Form R-F-AD-0902
Samples without Orders R-PO-SPC1000
Specimen Labeling Standard R-PO-SPC0120
Documentation and Error Correction Process R-PR-AD0630
Beaker Create Followup Task R-W-CLT1041

ISSUES	Authorized Decision Makers	ACTION STEPS
Sample Type (correct transport media, questionable sample type) Unacceptable samples (improperly filled, wrong preservative, QNS)	Specimen Center Coordinator MTC/MT Lead/MLT Lead/TIC Microbiologist (if micro specimen) Pathology staff	1. Identify an alternative testing lab that will accept this specimen type / storage condition. 2. Consult with customer; cancel, document, recollect as necessary.

Patient ID Issue	Spec Ctr Coord/Lab Assistant Transfusion Services Pathology / Microbiology Processor, MTC/MT Lead/MLT Lead/TIC	1. Irretrievable sample (consult list below); notify collecting site, run test, document per Work Instruction… 2. Not Irretrievable – Notify customer that test will not be run; cancel, document, recollect as necessary. 3. Escalate to manager or pathologist as needed.
Sample / Requisition or Sample / Label Mismatch	Processor / Customer Svc Rep or Lab Assistant for minor discrepancies; all others escalate to manager or pathologist. See document…..	1. Run test off-line if sample stability will be at risk by the time decision is made. 2. Create Followup task for client service to clarify as needed so that result verification can be completed.
Sample transporation / storage (frozen, thawed, room temp)	Specimen Ctr Coord/MTC/Med Tech Lead / TIC	1. Segregate samples 2. May run off-line and evaluate results 3. Identify an alternative testing lab that will accept this specimen type / storage condition. 4. Consult with customer; cancel, document, recollect as necessary.
Hazardous receipt (leaking samples, syringes with needles attached, etc.)	Specimen Center Coordinator MTC/MT Lead/MLT Lead/TIC Microbiologist Pathology staff	1. The first lab employee who handles the sample should contain the sample and hazard. Note: Use appropriate personal protective equipment to reduce risk. 2. Assess viabilty for testing.
Ambiguous order / sample No order	Specimen Center Coordinator MTC/MT Lead/MLT Lead/TIC OP Processor Microbiologist Pathology staff	1. Preserve sample integrity 2. Irretrievable sample (consult list); notify collecting site, run test, document… 3. Not Irretrievable – Notify customer that test will not be run; cancel, document, recollect as necessary. 4. Escalate to manager or pathologist as needed. 5. After hours – create follow up task 6. Order extras or run off-line
Pathology Samples Microbiology Samples Transfusion Samples (any issue)	Pathology staff Microbiology staff Transfusion Service staff	Seek clarification from customer; if still unsure, escalate to appropriate department for direction

IRRETRIEVABLE THAT SHOULD NOT BE CANCELLED BY LAB STAFF (except as noted)	
Irretrievable Samples	Consult Pathology or a manager
Body fluids	Consult Pathology or a manager
Pathology/biopsies	Pathology
Microbiology	Microbiology
Timed studies (uncollected)	Supervisor/MTC/MT Lead or manager

Lactic acid (uncollected)	Supervisor/MTC/MT Lead or manager
Blood cultures (uncollected)	Supervisor/MTC/MT Lead or manager
Kidney stones	Consult Pathology or a manager

QUALITY DOCUMENTATION FOR ISSUES REQUIRING CANCELLATION OR REJECTION

Quality Form	Used by lab staff regarding any deviation from expected practice. This includes mislabels by laboratory staff, credit requests, safety concerns, etc.
Iris	Used for errors relating to patient safety. An IRIS may be created after review of an issue documented on a Quality Form.
Mislabel Alert	Used to immediately communicate lab and clinical unit mislabel occurrences. This form is an important visual cue when a mislabel has occurred but should be accomanied by a Quality Form in the case of laboratory staff caused mislabels.
CRM	A case is made in CRM for any Paclab patient that has a significant quality event to maintain tracking documentation of service levels of all types for the Paclab client.

NOTIFICATION OF CANCELLATION

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, create a FOLLOW UP task or leave information for follow-up request for the next shift. The notification of sample rejection must be documented in LIS. **If the order was STAT** and is unacceptable for testing it may be appropriate to call the on call provider after hours.

LIS CANCELLATION REASON

In the process of cancelling a test (for the reasons described above), 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 the LIS.

LIS DOCUMENTATION

Documentation of rejection/cancellation may be done by creating follow up tasks in LIS by or free texting complete information in accordance with policy. Creation of the Follow up task requires the use of the Beaker follow up Smart Phrase (.bkrfup or .fuplab) to assure standard details about the specimen, the issue, the storage location, etc. are documented.

REJECTED SAMPLE RETENTION

Samples, even though rejected, must be stored for their usual retention times in appropriate storage conditions according to department policy but clearly labeled to prevent testing from being performed.