CHI Franciscan Health

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Owner:	*Cheryl Orr: Operations Manager, SJMC Lab*
Policy Area:	*Lab / Specimen Processing*
References:	
Applicability:	*CHI Franciscan Systemwide*

Specimen Labeling Standard, R-PO-SPC0120-05

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 Form
IRIS	Incident Reporting Information System
R-PO-SPC0121	Specimen Labeling Acceptance Standard – Client Collected
R-W-TS-0100 R-PR-AD-0540 Policy 795.50	Labeling Pre-Transfusion Specimens Specimen Rejection Cancellation Protocol Pre-Tranfusion Collection Policy
Policy 770	Generic First Step Policy
Policy 771	Patient Identification / Armband Policy
	Test Directory

POLICY

Acceptable 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 and aliquoted 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. Date of Birth (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 staff collecting the sample or staff aliquoting the sample (Lab Only) OR collectors initials (other than lab staff assigned a Tech ID)
6. The source for non-blood samples must be documented either on the label and/or accompanying requisition/paperwork and, if applicable, during electronic collection tasks in Epic.

For inpatients, slides submitted to the laboratory for examination must be labeled with the patient's first and last name and complete accession number or complete LIS ID number (Specimen ID/Instrument ID). Samples sent through outpatient services must be labeled with two patient identifiers. For SMS users: Scan the barcode, or manually enter the patient name and complete accession number. All slides require two patient identifiers.

Type of label to use:

- Label used may be a **pre-printed label** and ***must include the above outlined label content information***.
  - The laboratory information system (LIS) is designed to print one label for each tube / container required for testing. These labels are printed from the electronic hand held devices used by laboratory staff or from the electronic medical record on the hospital units.
  - Other pre-printed labels may include labels such as chart labels (ADT Labels).
  - During computer downtime, other pre-printed labels may be generated for use as long as all the elements of proper patient identification listed above are included on the label.
- In the absence of a pre-printed label, the above contents must be **hand-written** on the sample.
- Best practice includes labeling specimens with at least two patient identifying components AND date and time of collection, and collector initials. Completing the collection information in Epic satisfies the requirement for documenting the date, time of collection and collector identification. Samples submitted to the laboratory without the collection date, time and collector initials **and** without electronically documented collection information are subject to laboratory rejection.
- For pre-transfusion sample labeling details see Labeling and Receiving Type and Screen Specimens.

Where labeling occurs:

Primary sample container 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. Note: when giving collection devices to patients to collect at home, the device should be labeled prior to issuing to assure samples returned meet labeling standards. (i.e. urine cups, hemoccult slides, etc.)

When samples need to be aliquoted:

A sample aliquot (poured off tubes) may be required for some testing. Aliquoted samples require correct identification of specimen and specimen type so proper testing can be performed and additional testing may be added when requested.

- Test Directory information will identify when tests require specimens to be aliquoted.
- Aliquoting must only occur on ***one*** sample at a time, completing the patient label and specimen type and color identifications for ***one*** patient sample before moving on to another patient sample.

- When an aliquot is poured off from the original collection tube for testing, the aliquot must indicate the specimen type (serum, EDTA plasma, heparin plasma, etc) and must be labeled with a laboratory label or handwritten label with the patient name and second identifier.
- Sample type identification on the aliquot is done by using colored tape, dots, highlighter pens, etc which match the color of the closure TOP of the primary tube such as

TAPE COLOR	CONTENTS
Purple/lavender	EDTA plasma
Yellow	Gold SST
Red	Plain Red
Green	Heparinized plasma
Blue	Citrated plasma

- If using tape, tape will be placed at the top of the aliquoted tube so as to not interfere with patient demographic information, test codes or barcode.
- When the appropriate color tape, pen or highlighter is not available you may write the color designation above the test code on the label.
- If an aliquot's sample type has not been identified and sample type is critical for the ordered test, the sample cannot be used for testing. Another appropriate sample must be located or a recollection is needed.
- Samples which are aliquoted by the Total Automation Line at St. Joseph Medical Center Laboratory will not have color designation. The parent tube label can be used to determine aliquot type.

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.
- Notification must be documented in the LIS per Documentation and Error Correction policy

Documentation of labeling error:

- Hospital registered patients - document mislabeling error using Nurse/Lab Patient Mislabel Alert Form located on the PolicyStat 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 Quality form and/or 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 Med Tech Coordinator (MTC) or Lead, Specimen Center Coordinator, Supervisor, Manager or Pathologist per the Specimen Rejection / Cancellation policy.

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, excluding PAP smears.

Irretrievable specimens which are not properly labeled must be authorized for testing by the ordering provider or the pathologist on call when the provider cannot be reached. Authorization is acknowledged by completion of the attached Specimen Acceptance Authorization Form and must include verbal authorization, documented and confirmed by read back. The Specimen Acceptance Authorization Form will be routed to Client Services for final signature of approval by the provider.

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 LIS 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 LIS or on lab 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 (*a numeric identifier*) if only 1 digit is wrong or two digits are transposed	Validate in LIS 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 LIS or on lab 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 LIS or on lab 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

Unacceptable Errors:

Major discrepancies	Actions	Authorized Individuals
If there are other errors, omissions, wrong name, unlabeled, wrong patient collected, etc., the specimen needs	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 Mislabel Alert form or Quality form (outreach) and route to lab manager for follow-up and tracking. For Franciscan	Any specimen acceptance beyond this point, i.e., irretrievable specimen, requires approval from MTC, MT Lead, Specimen Center Coordinator, Supervisor,

to be recollected	providers, log an IRIS for mislabels with major discrepancies.	Manager or Pathologist

Attachments:

Specimen Acceptance Authorization Form.pdf

Approval Signatures

Approver	Date
Arlene Brennan: Administrative Coordinator	12/2017
Linda Burkhardt: MD, Medical Director	12/2017
Adam Saenz: MD, Medical Director	12/2017
Shane Anderson: MD, Medical Director	12/2017
Brian Folz: Medical Director	12/2017
Joren Keylock: MD, Medical Director	12/2017
Arlene Brennan: Administrative Coordinator	12/2017
Cheryl Orr: Operations Manager, SJMC Lab	12/2017