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| **Title:**  | **Specimen Labeling** |
| **Area Manual:**  | Administrative Manual  |
| **Reference Number:** | II-68 |
| **Contact Person:** | Laboratory Director |

**Scope:** This policy applies to Saratoga Hospital and all its satellite facilities.

**Policy:**

Laboratory results are used by providers to provide quality patient care. Proper patient identification and specimen labeling is essential in providing accurate results that can safely be used in decision-making by the providers.

This policy defines specimen labeling requirements and provides protocols for handling improperly labeled specimens.

Staff must identify patients according to Saratoga Hospital's "Patient Identification" policy (II-49) prior to collecting specimens. Specimens will be labeled with proper patient identification in the presence of the patient at the time of collection.

Laboratory personnel do not have the authority to override this policy. All issues are referred to the Laboratory Supervisor or Charge person.

**DEFINITIONS:**

1. Improperly labeled specimens are:
	1. Specimens that have no label on the container.
	2. Specimens with incorrect or incomplete information on the label.
	3. Specimens whose label contains information that does not match the information on the accompanying requisition.
2. Retrievable specimens are specimens which can be re-collected from a patient. Examples include blood specimens, urine specimens and stool specimens.

1. Irretrievable specimens are specimens which cannot be re-collected from a patient. Examples include biopsies, tissue specimens, blood for timed drug levels, body fluids other than blood and urine.

**PROCEDURE:**

1. Labeling of Specimens: Each specimen submitted to the laboratory must have a label firmly attached to the specimen with the following information:

* 1. Patient's full name: Noted exceptions:
* Female or Male is acceptable for a newborn (multiple births are labeled as Female A, Female B).
* Trauma patients will be identified according to the Emergency Department's trauma policy.
	1. Date of birth.
	2. Medical Record Number (inpatients only).
	3. The initials of the person collecting the specimen must be legible and present on each label.
	4. The date and time of specimen collection must be present on each label.

1. Handling of Improperly Labeled Specimens:

 The laboratory will handle improperly labeled specimens in the following manner:

1. The laboratory will reject "retrievable" samples which are not properly labeled with the patient name, date of birth or medical record number. Missing or incomplete date, time and initials may be obtained via phone conversation and documented in the Meditech computer system.
2. All "irretrievable" specimens must be unequivocally identified and relabeled correctly by the individual who collected the specimen. The provider must sign a statement acknowledging that he is aware the specimen was relabeled and wants the testing performed.
3. Labeling of the specimen should take place in the laboratory. Specimens submitted from provider offices are handled according to laboratory procedures.

**References:**

* New York State Department of Health, Clinical Laboratory Evaluation Program: *“Clinical Laboratory Standards of Practice, Specimen Processing Sustaining Standard of Practice 2-4.*
* The Joint Commission: *“National Patient Safety Goal; NPSG 01.01.01-Improve the Accuracy of Patient Identification.*

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Origination Date: 11/27/98

Reviewed: April 2000, Reviewed: August 2009, January 2012

Revised: March 2004, July 2007, March 2008, January 2012

***Sections applicable to laboratory operations have been reviewed and approved by:***

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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Laboratory Medical Director Date  Saratoga Hospital Laboratory  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Laboratory Medical Director Date  Saratoga Hematology-Oncology  |