Sutter Health
Sutter Roseville Medical Center

| | |
|---|---|
| **Origination:** | *N/A* |
| **Effective:** | *N/A* |
| **Final Approved:** | *N/A* |
| **Last Revised:** | *N/A* |
| **Next Review:** | *N/A* |
| **Owner:** | *Nadera Poirier: Spvr, Transfusion Services* |
| **Policy Area:** | *Lab - Transfusion Service* |
| **References:** | |
| **Applicability:** | *Sutter Roseville Medical Center* |

# Transfusion Services Specimen Acceptability and Labeling

## PURPOSE

To provide instructions on how to determine specimen acceptability for patient testing and proper labeling of specimens in Transfusion Services (TS).

## POLICY



- Truncated names or those missing "Jr./Sr." designation will be considered acceptable as long there is no discrepancy in the spelling of the portion visible and other identifiers, including the date of birth, match amongst documentation.
- Exceptions to this policy may only be approved by the Pathologist and must be documented per procedure.
  - Note: The Pathologist cannot approve use of a specimen that is missing the required armband number
- In case of discrepancy or failure of inspection, specimen must be recollected.
- If samples are received without a Clinical Collect label, the Sunquest (SQ) barcode (CID) label will be applied by the TS CLS after verifying that the sample meets identification criteria.
- If SQ CID label is to be applied over a different type of specimen label, required patient identifiers (name, medical record number, date of birth, and armband number) on the original label must be legible.
- All patient labels placed on a specimen must be marked with an identifier of the person who applied the label.
- If armband number will be obscured by placement of a new barcode label, verify armband number and add a small armband label from the armband card.
- Specimen collection discrepancies/errors must be forwarded to the Client Services Supervisor and TS Supervisor for documentation purposes.

| If specimen to be used for: | Then: |
|---|---|
| Non-transfusion related testing<br>(Includes: Prenatal or outpatient testing, DAT, cord blood workup, and ABORh and/or FB used for evaluation of Rhogam candidate) | Refer to the general laboratory specimen acceptability criteria.<br>• If ABORh specimen is drawn by personnel other than those approved to draw TS specimens, add **PB** comment and result with dated free text: "ABORh not for transfusion purposes, non lab collected specimen." |
| Compatibility testing, for product transfusions | Follow this procedure. |

# PROCEDURE

| Step: | Action: |
|---|---|
| 1. | Check specimen for the following required identifiers:<br>• Full name: legal FIRST and LAST name of the patient<br>◦ Does not include middle name/initial or Jr./Sr./II/III/etc. designations<br>▪ Note: Middle name/initial or Jr./Sr./II/III/etc. can be missing but not discrepant<br>◦ Pre-admitted fictitious names will be assigned in cases where the patient's identification cannot be verified at the time of admission<br>• Medical record number<br>• Blood Bank armband number (not required for non-RBC transfusion)<br>• Date of birth<br>• Date and time of collection<br>• Phlebotomist identification (tech code)<br>• Label must be permanently affixed to the specimen |
| 2. | Match specimen label with TS armband paperwork item by item for agreement. All identifiers outlined in step 1 must match exactly.<br>Note: Not required for non-RBC product |
| 3. | Match the specimen label with the order in Sunquest for agreement.<br>• Date of birth on specimen must match with the original order, but is not used as an identifier subsequently except in cases of truncated names or missing Jr./Sr. designations<br><br>Note: Using mouse, hover over truncated name in Sunquest to display full name |
| 4. | Ensure specimen quantity is sufficient and in the correct tube.<br>• Adults: One (1) 9 mL EDTA (preferred)<br>• Infants: 3.0 mL EDTA (as full as possible) |

| | |
|---|---|
| 5. | Check for specimen quality.<br>• Mild to moderate hemolysis is acceptable when recollection would delay patient care and it does not affect testing.<br>◦ Markedly hemolyzed, icteric, or lipemic samples are not acceptable for automated analysis, but can be used for manual testing in cases of emergent need when delays in testing could affect patient care (ex: trauma, transfusion reaction, hemolytic anemia) or if specimen quality will not be improved by redraw (ex: marked lipemia)<br>• Add **BBC** indicating level of hemolysis, icterus, or lipemia as warranted<br>• Specimens that are suspected to be grossly contaminated with IV fluid must be recollected |
| 6. | Check the age of the specimen. All specimens expire after 23:59 three days after the draw date.<br>• **EXCEPTION:** *Pre-Op specimens* delivered with a *completed Pre-Op Transfusion Services Questionnaire* indicating no transfusion or pregnancy in the last 3 months will be extended to 5 days or 3 days after the first transfusion, whichever comes first.<br>◦ If date of surgery is further than expiration date of specimen as determined by the Pre-Op questionnaire: cancel workup. Notify appropriate party that specimen was collected too soon and appropriate date for recollection. Request reorder for correct date.<br>◦ A telephone interview with the patient may be performed and questionnaire completed by TS personnel if document is incomplete.<br>▪ Add **BBCNC** documenting the phone call, date, and time<br>◦ Extension of expiration date may be extended longer than 5 days on a case-by-case basis upon approval of the pathologist. |



# TROUBLESHOOTING

| If: | Then: |
|---|---|
| Sample labeled with **Clinical Collect** barcode and **name, MRN, or date of birth** is illegible/cut off | 1. Reprint a SQ label by *scanning the CID* on the Clinical Collect labeled sample.<br>2. Review the new label to verify that legible identifiers on the Clinical Collect match newly printed SQ label **AND** that the illegible identifier is the same as the one on the EPIC label attached to the armband card.<br>3. Attach reprinted SQ label underneath the name and MRN on Clinical Collect label and proceed with sample testing.<br>4. If the reprinted label does not meet the qualifications above or the CID bar code on the Clinical Collect label is illegible, reject the sample and order it for recollection. |

| | |
|---|---|
| Incomplete or inaccurate collection information (date, time or phlebotomist) | • If phlebotomist is available, have them correct incomplete or inaccurate information in the presence of TS department staff and proceed with testing<br>• If phlebotomist not available, reject and redraw |
| SQ order/label does not match with EPIC armband label<br>Note: See policy section for truncated names or missing Jr/Sr. designation | • Specimen information is correct, call Registration and request update in EPIC, then reprint labels<br>• Order information is correct, reject and recollect sample |
| • Sample was **NOT** labeled with the Clinical Collect system and **a patient identifier does not match or is missing**<br>• Required patient identification on BB armband paperwork does not match specimen label<br>• Quantity is not acceptable<br>• Quality not acceptable<br>• Age of specimen not acceptable | Reject, redraw |

All revision dates:

## Attachments

Pre Op Transfusion Services Questionairre.pdf