HANDLING UNLABELED AND MISLABELED SPECIMENS AND INCOMPLETE REQUISITIONS **Administrative Procedure #922**

PURPOSE

To establish standard clinical laboratory procedures for handling unlabeled and mislabeled specimens and incomplete requisitions.

PROCEDURE

I. DEFINITIONS

A. Unlabeled Specimen

1. Any Clinical Laboratory specimen received without a label.

B. Mislabeled Specimen

1. Any Clinical Laboratory specimen received without the minimum specimen label information.
2. Any specimen received with an accompanying paper requisition, where the information on the label does not match the requisition information.
3. Any specimen that is later identified to have been submitted using another patient's identification.
4. Any specimen collected by non-laboratory staff that is submitted in a single specimen bag with specimen(s) containing another patient's identification.
5. Any specimen with the patient identification label not affixed to the primary collection container (e.g. loose in the specimen bag, affixed to foil covering container, etc.).

C. Incomplete Requisition

1. Clinical Laboratory requisition received with the minimum requirements, but without all needed information.

D. Minimum Specimen Label Information

1. All Clinical Laboratory specimens must be received with a legible label that includes the following minimum information:
   a. Patient family name and individual name (up to 15 characters each) ***required*** for all specimens.
   b. A distinct patient identification number (such as a 12 digit account number or a 7 digit medical record number, etc.) ***required*** for all specimens.
      i. The UCDMC DOE policy is an acceptable substitute for a&b.
      ii. Reference/Outreach unique number is an acceptable substitute for a&b.

c. Date and time of specimen collection is ***required*** for all specimens.
   i. Collection date/time must be indicated on at least one of the following: the specimen label, the paper requisition, or electronically available in the computer system of record (e.g. UCDHS EMR).
d. Collector's identification is ***required*** for all specimens.
   i. The collector's identification (initials or other unique identifier) must be indicated on at least one of the following: the specimen label, the paper requisition, or electronically available in the computer system of record (e.g. UCDHS EMR).

E. Minimum Requisition Information

1. Paper requisitions must accompany all Clinical Laboratory specimens, with the following exception:
   a. Interfaced orders from Other Vendor computer systems with documentation of periodic review that all required information is electronically available in the Other Vendor system.
      i. Standard validation and review protocol is defined in **LIS Policy #907: LIS Data Entry and Report Validation.**
2. All Clinical Laboratory requisitions must include the following information.
   a. Patient family name and individual name (up to 15 characters each) ***required*** for all specimens.
   b. A distinct patient identification number (such as a 12 digit account number or a 7 digit medical record number, etc.) is ***required*** for all specimens.
      i. The UCDMC DOE policy is an acceptable substitute for a&b.
      ii. Reference/Outreach unique number is an acceptable substitute for a&b.
   c. Date and time of specimen collection is ***required*** for all specimens.
      i. Collection date/time must be indicated on at least one of the following: the specimen label, the paper requisition, or electronically available in the computer system of record (e.g. UCDHS EMR).
   d. Collector's identification is ***required*** for all specimens.
      i. The collector's identification (initials or other unique identifier) must be indicated on at least one of the following: the specimen label, the paper requisition, or electronically available in the computer system of record (e.g. UCDHS EMR).
   e. Requesting physician's name and/or Physician Index (PI) Number.
   f. ICD-10 code is ***required*** for all Outpatient orders.
   g. Test or procedure requested.
3. The minimum required information must match for a requisition and labeled specimen received together.

F. Additional Requisition Information

1. The following information is needed for a Complete Requisition:
   a. Patient's date of birth
   b. Patient's gender
   c. Nurse Station, Clinic or Client originating request
   d. Source of specimen, especially for Microbiology
   e. Additional information as indicated by the specific laboratory test (e.g. length of collection time, sequence, additives, diagnosis, etc.).

G. Special Circumstances

1. When specimens are received where the name or identification information is partially cut off, but still understandable (e.g. mith, John or Smith, Joh), or when there are labeling issues not specifically addressed by this procedure, acceptance of the specimen is at the discretion of a supervisor.

II. HANDLING UNLABELED SPECIMEN WITH NO PAPER REQUISITION

A. Unlabeled Blood and Urine Specimens

1. All blood and urine specimens received unlabeled will be placed in a zip-lock specimen transport bag with the date on the outside of the bag. All unlabeled specimens received for the day will be placed in the same bag.
2. At the end of the day, the zip-lock specimen bag will be placed in the SARC refrigerator in the box marked "Unlabeled Specimens".
3. The daily Unlabeled Specimen bag will be discarded after two days.
4. These specimens will not be approved for analysis or returned to physicians or nursing staff under any circumstances.
5. Refer any unresolved issues involving these specimens to a supervisor.

B. Unlabeled CSF, Tissues, and Body Fluids (other than urine)

1. Unlabeled CSF, tissues or body fluids will be placed in a separate zip-lock specimen bag with the time of receipt in the lab noted on the bag. Place bag in the SARC refrigerator in the box marked "Unlabeled Specimens".
2. Refer any unresolved issues involving these specimens to a supervisor.
3. The supervisor has the discretion to contact the Pathology Resident regarding the approval process for this group of specimens.
   a. Refer to Step IV.E, **Contact Pathology Resident**.

III. HANDLING UNLABELED SPECIMEN RECEIVED WITH PAPER REQUISITION

A. Refer to Section IV

1. Handling an unlabeled specimen received with paper requisition is identical to handling a mislabeled specimen/requisition.

IV. HANDLING MISLABELED SPECIMEN / REQUISITION

A. Contact Clinician

1. Contact the nurse, unit charge nurse, office assistant, or the physician of the patient whose identification appears on the requisition.
   a. Explain the reason for cancellation and request that the specimen be recollected.
   b. Do not give them any options.
   c. For mislabeled specimens not submitted with a requisition, contact the nurse, unit charge nurse, office assistant, or the physician of the patient whose identification appears on the specimen label.
2. If the Clinician agrees to recollect, proceed to Step IV.B, **Clinician Agrees to Recollect**.
3. If the Clinician insists that specimen must be accepted, proceed to Step IV.C, **Clinician Insists that Specimen Must Be Accepted**.

B. Clinician Agrees to Recollect

1. Collect and receive the requested tests into Beaker following standard protocols defined in **LIS Policy #910: Requisition Entry into LIS.**
2. Send specimen back for redraw in Beaker. Select Actions>Redraw, and provide a reason.
   a. Provide a reason of Mislabeled – Incomplete label,, Mislabeled- Multiple patient specimens in same bag, Mislabeled – Specimen Mislabeled or Mislabeled for mislabeled specimens OR Unlabeled – Labels loose in bag, or Unlabeled – Specimen Not Labeled.

C. Clinician Insists that Specimen Must Be Accepted

1. If specimen is a BLOOD BANK specimen, blood must be collected without exception.
   a. Refer requestor to Supervisory staff as necessary.
   b. Proceed to Step IV.B, **Clinician Agrees to Recollect**.
2. If specimen is NOT a Blood Bank specimen:

a. Inform the nurse or physician that the Clinical Pathology resident must approve specimen acceptance and, if approved, an UNLABELED/MISLABELED FORM (Attachment A) must be signed by the **Attending** Physician *and returned to the laboratory before results will be released.*
b. Note the name and telephone number of the nurse or physician.
c. If specimen is TIME DEPENDENT, proceed to Step IV.D, **Time Dependent Specimen**.
d. For all other specimens, proceed to Step IV.E, **Contact Pathology Resident**.

D. Time Dependent Specimen

1. Receive the requested tests into the LIS following standard protocols defined in **LIS Policy #910: Requisition Entry into LIS.**
2. Perform the testing.
3. Note the specimen number(s) assigned for further documentation.
4. Do not verify the results until a decision on acceptance is made.
5. Proceed to Step IV.E, **Contact Pathology Resident**.

E. Contact Pathology Resident

1. Contact and review the problem with the on-call Clinical Pathology resident or faculty.
   a. Once a decision to accept or discard the specimen is made, the Clinical Pathology resident will notify the responsible laboratory personnel, and the nurse or physician.
2. If the Clinical Pathology resident accepts the specimen:
   a. Fill out the laboratory portion of the UNLABELED/MISLABELED FORM and forward the form to the **Attending** Physician.
   b. Proceed to Step IV.F, **Specimen ACCEPTED by Clinical Pathology Resident**.
3. If the specimen is NOT accepted by the Clinical Pathology resident:
   a. Proceed to Step IV.G, **Specimen NOT ACCEPTED by Clinical Pathology Resident**.

F. Specimen ACCEPTED by Clinical Pathology Resident

1. Requisition or release and receive the requested tests into the LIS following standard protocols defined in **LIS Policy #910: Requisition Entry into LIS.**
2. Perform the requested test(s) and enter results into the LIS.
   a. Append the SmartPhrase **QID** to ***each component of each test*** of each specimen number. This defaults to:

      Questionable Patient Identification, use at your own risk.
      Specimen approved for testing by:
      Attending Physician: [ ] M.D.

Dept. of Pathology: [ ] M.D.

b. QID canned text MUST be appended to *every reportable test* in order to display correctly in EMR.
c. Do not verify any results in the LIS until a completed UNLABELED/MISLABELED FORM has been received in the laboratory.

3. Upon receipt of completed UNLABELED/MISLABELED FORM, verify results in LIS.

G. Specimen NOT ACCEPTED by Clinical Pathology Resident

1. The Clinical Pathology resident must inform the nurse or physician that a new specimen is required, and notify the responsible laboratory personnel that the specimen can be discarded.
2. Proceed to Step IV.B, **Clinician Agrees to Recollect**.

V. HANDLING INCOMPLETE REQUISITIONS

A. If a requisition is received with the minimum requirements, but without all needed information:

1. PCN or Reference requisitions requiring additional information will be referred to Client Services at 734-7373.
2. UCDMC requisitions requiring additional information will be handled by point of entry staff by contacting the patient's nurse, the unit charge nurse or the patient's physician to request the missing information.
3. Accept the requisition even if all needed information cannot be readily obtained.
4. Forward the specimen to the appropriate laboratory section for processing and additional follow up.

VI. HANDLING <u>ANY</u> SPECIMEN WHICH IS LATER IDENTIFIED AS HAVING BEEN SUBMITTED USING ANOTHER PATIENT'S IDENTIFICATION

A. Ensure All Potentially Mislabeled Specimens Are Accounted For

1. The laboratory section in possession of the specimen when the error was discovered will:
   a. Carefully check to make sure all specimens with the same collection date and time are accounted for.
   b. Notify other technical sections as necessary to follow-up potentially mislabeled specimen(s).
2. Careful communication between departments is critical to ensure all specimens are accounted for and that documentation is complete.

B. Contact Clinician

1. If the identification error was detected by Laboratory personnel, contact the patient's nurse, unit charge nurse, or patient's physician and request a new specimen on the correct patient.
2. If test result(s) have NOT been verified, proceed to Step IV.B, **Clinician Agrees to Recollect**.
3. If test result(s) HAVE been verified, proceed to Step VI.C, **If test result(s) HAVE been verified**.

C. If Test Result(s) HAVE Been Verified

1. From Specimen Update, select Results Correction.
   a. Provide a result correction reason of Results entered on wrong patient, and include a comment as necessary. This comment is visible in the patient chart.
2. Remove results by calling the Help Desk (4-4357) to request a chart correction. Provide the patient name, MRN, name of order with the incorrected results, and the date the order was resulted. Provide the reason for the chart correction (mislabeled specimen). Requests may take up to three days to be removed from the chart.

IMPORTANT: Do not append the original mislabeled specimen results to another patient's file. If the patient's nurse or physician insists that the mislabeled results be reported for the "correct" patient, inform the nurse or physician that laboratory policy prohibits the reporting of these test results. If the physician wants to use these mislabeled test results, the nurse or physician can document the test results in the nursing or physician notes.

DISTRIBUTION:
Administration
LIS Manual

PROCEDURE HISTORY

Date	Written/ Revised by	Revision/ Review	Approved Date	Approved by
04/93	Richard Lowe	New	04/93	K. Sazama M.D. J.D.
04/94-02/22/12	See signature page archived 10/12 for detailed revision history			
10/22/12	C. Helton/S.Andersen	Minor Revisions	10/24/12	J. Chen M.D.
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12/23/15	R.Almazan	Revision: Replaced ICD-9 with ICD-10 & where to Change Blood Type in LIS-BBK	03/18/16	J. Chen M.D.
7/2017	M. Cocke	Revision: Updated with Beaker workflow	7/27/2017	J. Bishop