Specimen Identification

Patient Identification

Hospital Inpatients

All inpatients must have an arm band in place before a patient can be phlebotomized. The EPIC Handheld Rover is used for inpatient identification. The EPIC Handheld Rover utilizes features of barcode technology to positively identify patients and link to LIS orders. From the patient identification window of the EPIC Handheld Rover, the patient's wristband barcode is scanned. Orders will be displayed along with the types of tubes to collect. Specimen labels are printed at the patient's bedside. Once the specimen has been collected, a specimen label should be securely attached to each specimen.

Outpatients and Clinic Patients

For positive patient identification, before obtaining an outpatient specimen, the patient should be asked his name or be identified by a parent, guardian, or person supervising the patient. The date of birth should be confirmed. This information should match information on the request form and specimen label.

If the patient cannot respond and no one is available to identify the patient, the station Charge Nurse should be notified to identify the patient before specimen collection can be performed.

Any discrepancies must be resolved before specimen can be collected.

Once the specimen has been collected, a specimen label should be securely attached to each specimen.

Specimen Labeling

All specimens must be adequately identified. Adequate identification requires that each container be labeled with patient's name (first and last), medical record number, and date and actual time of collection (if test so indicates it be included).

If emergent patient care is required and the patient has not yet been registered, then proper specimen identification includes the patient's name (first and last), date of birth, and location.

The preferred method of labeling a specimen is to attach a sticky label that includes the above identification information. Each container requires 1 label. Affix label to the specimen container, **not** to the plastic biohazard bag that the specimen container is placed into for transport to the laboratory. In addition to patient demographics, the following specimens require additional labeling information:

- *Bacteriology Specimen*: Bacterial culture must also be labeled with culture site, date and time of collection, and patient's room number. Culture collected in a Culturette must have the ampule broken or the specimen will be rejected. Culture for anaerobes must be collected with an anaerobic culture tube and swab or the specimen will not be processed for anaerobes.
- *Spinal Fluid Specimen*: Specimens submitted for spinal fluid analyses must indicate the order in which specimens were obtained.
- *Transfusion Service Specimen*: Transfusion Service specimens for transfusion purposes must be labeled with the patient's first and last name, medical record number and/or date of birth, date and time of draw. Identity of phlebotomist must be available on label or in LIS.
  - —Laboratory personnel are to draw all blood for Crossmatch, Type and Screen, and Draw and Hold testing **or** are to be present at patient's bedside at time of draw. If blood is drawn by a physician or nurse, laboratory personnel observe the draw of blood. The laboratory person is then responsible for immediately labeling tubes of blood properly.
  - —For patients in surgery, NICU, Homecare, or CT scanning a sample procurement can be done without laboratory personnel. The Transfusion Service Technologist will verify that the tube is labeled properly as noted above.
  - —Cord blood specimens will be accepted for testing labeled with either the infant's, or mother's addressograph information plus the mother-baby link number.

Improperly labeled specimens will not be analyzed. The client will be informed by telephone of the improperly labeled specimen.

Unacceptable Specimens

Some specimens cannot be analyzed because of improper collection or degradation in transit.

You will be notified of rejected or problem specimens upon receipt. To avoid specimen rejection, please review the specific procedure or call the laboratory for assistance.

Universal Criteria for Rejection of Specimen

- Specimen improperly labeled or unlabeled
- Label affixed to biohazard bag instead of specimen container
- Specimen improperly collected, preserved, and/or transported:
  - —Specimen type not correct for test ordered (ie, serum versus plasma)
  - —Contaminated specimen from improperly cleared line
  - —Hemolyzed specimen
  - —Clotted specimen when an anticoagulated specimen is necessary
  - —Specimen delayed in transport to the laboratory
  - —Specimen received in expired tubes
  - —Specimen received in incorrect container (ie, metal-free, sterile)
  - —Specimen sent with needle, transfusion set-up, or other sharps attached
  - —Patient receiving hyperalimentation or intralipids should not be drawn until 6 to 8 hours after infusion
  - —Specimen for toxicology testing drawn too close to dosage administration
  - —Specimen for bacterial isolation not submitted in sterile container
  - —Specimen for anaerobes not collected with an anaerobic culture tube and swab
- Specimen submitted without properly completed test form
- Insufficient volume
- Outside of container contaminated by specimen (ie, infectious, hazard)
- Patient not properly prepared for test requirements (ie, non-fasting)

Exceptions to this information will be made at the discretion of the technical specialist or in-charge technologist.

There may be criteria on an individual test basis which can be found under the individual alphabetical test listing.