Department of Pathology and Laboratory Medicine
101 Dudley Street & 70 Elm Street
Providence, Rhode Island

Policy	**Pathology & Laboratory Specimen Labeling**	**Pol # WIH-LAB-010**
Originally Created by: Mae Medeiros		**Date: 11.18.19**
Approved by: C. James Sung, MD		**Date: 8.2.24**

I. Purpose: To provide hospital-wide guidelines for specimen labeling to ensure specimen integrity, patient safety and customer satisfaction; and to outline criteria and procedures to accept or reject a specimen.

II. Scope: This policy applies to any member of the care team who submits specimens for examination or testing to the Department of Pathology and Laboratory Medicine. All divisions that comprise the Department of Pathology & Laboratory Medicine follow the policy and procedures described below.

III. Policy: This document defines mandatory information on label and requisition required for specimen acceptance, and establishes procedures to evaluate sub-optimal specimen labeling so testing may proceed appropriately. Professional judgment at the manager/director level is exercised when applying specimen rejection criteria.

IV. DEFINITIONS:

- Primary Specimen Container – the innermost container/bag received by the laboratory that actually holds the specimen. This will be referred to as the "specimen container" in this policy. It may be in the form of a specimen collection tube, cup, syringe, swab, slide, plastic bag or other form of specimen storage.
- Requisition – a paper request or an electronic requisition information from an authorized provider that accompanies the specimen to the laboratory which contains complete patient identification, test(s) ordered and other relevant clinical information.
- Authorized Provider- as defined by the Rhode Island Department of Health: Doctors of Medicine, Physician Assistants, Nurse Practitioners, Dentists, Chiropractors, and Podiatrists.
- Routine Specimens**:** (examples of specimens not difficult to recollect)
    a. Blood obtained via venipuncture or capillary tube, including heel stick.
    b. Randomly voided urine and feces.
- Irretrievable Specimens:
    a. Body fluids: e.g. cerebrospinal fluid (CSF),, ascites, pleural, pericardial, peritoneal, abdominal, amniotic, synovial fluid, cystoscopy or supra-pubic aspiration urine, bronchial alveolar lavage (BAL), bronchial washings and brushings, etc.
    b. Arterial blood gas, cord blood gas, first neonatal urine, meconiums, tissue scrapings, certain microbial cultures, blood or urine for drug screens, fetal fibronectin (FFN)
    c. All solid tissue specimens, bone marrow and Non-GYN cytology specimens
    d. Catheter tips
    e. Any specimen that is clinically time sensitive, difficult to obtain, collected via invasive procedures and/or cannot be duplicated with another specimen collection
- Identification of Collector:

a. The laboratory is required to have a mechanism to identify the collector of Blood Bank samples. The Cerner username on the label is the preferred method.

V. PROCEDURE:

V.1. Specimen Labeling Instructions:

Labeling: Label specimens in the presence of the patient after appropriately identifying the patient according to WIH Policy: *WIH PT 327-Patient Identification–Adult, WIH PT 320- Infant Identification, Security* and *Phlebotomy /Laboratory Policy 2.1 Patient Identification and Greeting.*

- Prior to collecting the specimen, ask the patient to state their first and last name and date of birth and check against each label.
- Verify the information on the label against the wristband worn by patient. If no wristband present, verify against secondary identifying information.
- Collect specimen in the appropriate container or medium for transport to the Laboratory. Refer to the *Laboratory Test Catalog* for specific information.
- If using preprinted or reprinted barcode label, ascertain that the specimen date and time are correct.
- Affix label(s) to the specimen container(s) after (not prior to) collection, in the presence of the patient. Each specimen must have its own label.
- Place specimen in a bio-hazardous bag and seal it. Place the requisition (if applicable) in the outside pocket of the bio-hazardous bag.
- After collection, ensure delivery of inpatient specimen(s) to laboratory either via the pneumatic tube or hand carried. Outpatient specimens are transported via courier.
- Certain specimens must be hand carried, including but not limited to:
    - Solid tissue from OR
    - blood cultures, cerebrospinal fluid (CSF), amniocentesis fluids
    - capillary blood gas samples

Table 1: "✓" in tables below are REQUIRED for all labs unless otherwise specified

Primary Container Label Data	Blood	Tissue, Pap, Non-Gyn Cytology or Foreign Objects	Culture & Body Fluid
Patient's Name: first and last name	✓	✓	✓
Medical record number (if available) or Date of Birth	✓	✓	✓
Specimen Source	Not applicable	✓	✓
Date of collection	✓	Not applicable	✓
Time of collection	✓	Not applicable	As appropriate
Identification of the Collector (Cerner user name preferred)	✓	Not applicable	Not applicable

V.2. Special Instructions:

- Requisitions specifically define organ/tissue obtained. Terminology such as "adnexa", "RSO", and "LSO" are not acceptable. "Right tube", "bilateral fallopian tube", and/or "possible right tube" are acceptable. Abbreviations for laterality (e.g. left and right) are not used.
- Fresh tissues or organs are placed directly into clear, sealed plastic bags or pre-filled formalin containers, as appropriate. All bags or containers are labeled as noted in the labeling chart above.
- If multiple specimens are submitted from the same patient, each specimen is listed separately on the requisition.

- Organs removed as separate pieces (e.g. individual ovaries, fallopian tubes, breast margins, or uterine cervix) are placed in individual bags and/or pre-filled formalin containers. Each specimen is tagged with a patient label. Each specimen is described identically on the patient label and on the pathology requisition. All individual bags and/or containers are placed in a single large bio-hazardous bag, along with the requisition in the outside pocket, prior to delivery to the Pathology Department.
- As part of the Operating Room Specimen Reconciliation, the surgeon reviews the Pathology Requisition for accuracy and signs the form to acknowledge the accuracy and completeness of the list of specimens procured.

V.3. Test Requisitions: A complete test requisition is required for all specimens submitted for pathologic examination or laboratory testing. This requisition may be part of the electronic medical record or received as a hard copy.

Table 2: "✓" in tables below are REQUIRED for all labs unless otherwise specified

Requisition Data	Blood	Tissue, Pap & Non-Gyn Cytology	Culture & Body Fluids
Patient's Name: first and last name	✓	✓	✓
Medical record number (if available)	✓	✓	✓
Patient's date of birth or age	✓	✓	✓
Gender	✓	✓	✓
Specimen Source	Not applicable	✓ (must be specific, no abbreviations)	✓
Specimen Collection Date	✓	✓	✓
Specimen Collection Time	As appropriate: time studies, etc.	As applicable: e.g. breast core biopsies	As appropriate
Patient's last menstrual period, history of an abnormal report, treatment, or biopsy	As appropriate	PAP smears and tissue if appropriate	Not applicable
Pertinent clinical data (e.g. ICD codes, diagnosis)	✓	✓	✓
Authorized Provider ordering the test	✓	✓	✓
Authorized Provider's address if different than receiving laboratory	✓	✓	✓
Authorized Provider's signature	Not applicable	Required for tissue from OR, Triage, LDR, DI	Not applicable
Tests requested and date of request	✓	As appropriate	✓

V.4. Specimen Acceptance or Rejection Procedure

Table 3: Specimen Acceptance or Rejection Criteria: Professional judgment at the manager/director level is exercised when applying specimen rejection criteria.

Discrepancy Noted	Routine Specimens	Irretrievable Specimens
Patient identifiers on requisition and label don't match	Reject specimen	Hold and obtain from Provider, test within time limits
No requisition	Hold and obtain from Provider	Hold and obtain from Provider, test within time limits
Requisition missing required data	Hold and obtain from Provider	Hold and obtain from Provider, test within time limits
No label on specimen container	Reject specimen	Hold and obtain from Provider, Test within time limits
Collector's identification missing	Blood Bank reject specimen	Not Applicable.
Label missing patient identifiers	Reject specimen	Hold and obtain from Provider, test within time limits
Label missing non patient identifiers	Hold and obtain from Provider	Hold and obtain from Provider, test within time limits
Specimen integrity problems	Reject specimen	Contact Lab Medical Director and Provider for directions

- If a specimen is rejected and the tests ordered are cancelled, the provider is notified.
- All specimens received in-lab are entered into the Laboratory Information System. When specimens are rejected and tests are cancelled, these actions are documented in the LIS comment fields, including the name of the provider who was notified, and the date and time of notification.
- Irretrievable specimens requiring clarification **are not returned to the point of collection** to resolve patient identification discrepancies on specimen container labels or requisitions. They are kept under appropriate conditions within the laboratory pending investigation and clarification.
- Within the lab, non-primary container patient specimens and aliquots are identified by two unique patient identifiers or a single, unique specimen identifier. This may be text-based, numeric, bar-coded, etc. The identifier(s) must be indelible, legible, and able to withstand all stages of processing and conditions of storage. The non-primary container or aliquot must be traceable so full particulars of patient identification, collection date, specimen type, etc. may be retrieved.

VI. REFERENCES:

1. Laboratory General Checklist, Inspection & Accreditation Program, College of American Pathologists, revised August 2023.
2. Standards for Blood Banks and Transfusion Services, 27th -Edition, American Association of Blood Banks, 2017.
3. Notification: Professionals Allowed to Order Laboratory Tests, Rhode Island Department of Health, 4-9-10.

REVISION AND APPROVAL HISTORY: