IRMC

P.C. No.: 167

SUBJECT: Universal Labeling and Procurement of Specimens

Purpose: Laboratory specimens must be collected and labeled in accordance with all regulatory requirements and standards of Clinical Laboratory Improvement Act 1988 (CLIA 88), College of American Pathologists (CAP), Clinical Laboratory Standards Institute (CLSI) and American Association of Blood Banks (AABB). For the safety of patients, the Laboratory cannot accept specimen for testing which have inadequate or discrepant identification.

STANDARD OPERATING PROCEDURES:

- ***ALL*** specimens must be accompanied by a requisition. The requisition can be either paper or electronic transmission and must include the following information:

  Patient's full name: no nicknames or abbreviations

  Date of Birth or Medical Record Number

  Patient's Location

  Name of Ordering Physician

  Date and Time of Collection: on specimen if there is no paper requisition.

  Collector's initials or Collector's first initial and last name: collector is person who labels specimen and is responsible for verifying patient identity.

  Tests Ordered

  Anatomic site of specimen for Pathology, Cytology and Microbiology specimens

- The person collecting the specimen is responsible for verifying the patient's identification prior to collecting the specimen. The person collecting the specimen must also verify that all computer generated labels match the patient's identification. The person collecting the specimen is responsible for verifying the specimen was collected on the correct patient and that the specimen label is complete, legible, correct and matched with the requisition.

- ***ALL*** laboratory specimens must be labeled ***IN THE PATIENT'S PRESENCE*** using identifying information from either the patient's wristband or directly from the patient. It is inappropriate to remove the specimens from the patient's presence before they are labeled. If computer generated labels are

not available at time of collection, then the specimens must have hand-written labels before leaving the patient's presence.

- The person who collected the specimen must also label the specimen. It is inappropriate for one person to collect the specimens and give them to another person to apply labels. The only exceptions might be in a code situation, during surgery or an invasive procedure.

- Standard label requirements include the following information:

  Patient name: Last name, first name (no nicknames or abbreviations)

  Secondary Identifier: Such as date of birth or medical record number or account number

  Date and time of collection

  Anatomic site or source for Pathology and Microbiology specimens

  Collector's initials

- Improperly labeled specimens will be considered ***UNACCEPTABLE*** for analysis and will be rejected if:

  Label contains incomplete/incorrect patient name or secondary identifier
  Label does not contain a secondary identifier (date of birth or medical record number)

  Label is not affixed directly to specimen container or slide (labeling the transport bag is not appropriate)

  Label is not legible or labeling on the specimen does not match the information on the requisition or on the electronic order

  Label contains misspelled word(s) or when the intention or meaning of the word changes

CLINICAL LABORATORY SPECIMENS

Laboratory personnel will document the time the specimen is received and verify that the labeling and condition of the specimen is acceptable. The information on the label must match the requisition letter-for-letter and number-for-number or it will be considered specimen/label mismatch.

When registering delivered specimens, if the name on the requisition and specimen does not match the full legal name in IRMC's computer system, the name can be verified by cross-referencing the "Other Name" field or calling the patient to verify the legal name.

UNLABELED SPECIMENS or SPECIMEN/REQUISITION MISMATCH:

- Blood and voided urine specimens collected by IRMC employees will be discarded and new specimens collected as soon as possible.
- Blood and voided urine specimens collected by non-employees (Delivered Specimens) generally will not be tested. The physician's office should be contacted BEFORE the specimen is discarded to determine if it is an irretrievable specimen. The specimen may be re-collected by the physician's office or the patient may come to the Outpatient Lab.
- Irretrievable specimens will be considered on a case-by-case basis and approved by the section supervisor. Irretrievable specimens are those specimens that would be difficult to re-collect or where recollection would jeopardize patient care (ex. invasively collected samples, intra-operative samples, timed samples). Irretrievable specimens include, but may not be limited to the following:
    - Body fluids including CSF and amniotic fluid
    - Bone marrow
    - Tissue
    - Stones
    - Gynecology Cytology (pap tests)
    - Culture swabs
    - Non-voided urines (ex. cath, kidney, supra-pubic, etc.)
    - Blood spots
    - Blood or urine specimens on children less than 3 years old
    - Blood or urine specimens that were time sensitive (ex. prior to treatment)
    - If an irretrievable specimen is to be tested, a "Confirmation of Specimen Identification Form" will be completed and signed by the physician. The person doing Order Entry will enter a chartable footnote into the computer using the template MISLABEL, which indicates that the specimen was received unlabeled/mislabeled and who accepted responsibility for the specimen identification. An Event Report will be completed for Risk Management.
    - The "Confirmation of Specimen Identification Form" will be forwarded to the section supervisor. Supervisor will review the patient test results and ensure footnotes are attached and Event Reports are completed. The form will then be scanned/filed in the same manner as the requisition.

INCOMPLETELY LABELED or DISCREPANT DATA:

- Blood Bank specimens that are incompletely or incorrectly labeled will be discarded and no testing performed. New specimens should be collected as soon as possible.
- Use of nicknames, misspelled names, incomplete names should be documented on the "Data Discrepancy Form". If the specimen was collected by an IRMC employee, that employee must come to the Lab to correct the data on the specimen or requisition and sign the "Data Discrepancy Form". If the specimen was collected by a non-employee, the form should be faxed to the physician's office. Under no circumstances should the specimen be returned to the location where it was collected since this could delay testing or affect the integrity of the specimen.
- Missing or incomplete date, time, collector's name on the label or requisition may be obtained by phone conversation and documented on the "Data Discrepancy Form." If the specimen label contains the date, time and collector's initials, and the requisition is missing this information, the information may be transferred to the requisition.
- The "Data Discrepancy Form" will be attached to the requisition and scanned/filed in the same manner as the requisition.

Each Lab Section will maintain a list of acceptable specimen criteria for all tests. If a technologist determines that a specimen is not suitable for analysis, they will initiate a procedure to have the specimen recollected. A QA form is used to document the specimen rejection and recollection.

If a specimen is to be re-collected because of a problem with IV contamination, all tests that were drawn at that time must be re-collected. The tech recollecting the specimen should check in the computer for other tests drawn at the same time.

All specimens for testing must be identified by a unique barcode label that contains the patient's accession number. Aliquots or poured-off specimens should also have a barcode label that uniquely identifies the specimen for testing.

Capillary specimens that are collected in microtainers must have the patient name and secondary identifier directly on the microtainer. Labeling of only the transport tube is not acceptable. The microtainer may have a handwritten label or a small aliquot barcode label applied. The larger barcode label may be applied to the transport tube in addition to the label on the microtainer.

COMPUTER-GENERATED LABELS

- The computer-generated information should contain the patient's full name and at least another unique identifier such as date of birth, MR number or account number.

- The date, time and collector's initials must be handwritten on the computer generated label.
- For specimens collected in tubes:
    - Hold tube with cap to the left. Place label down the length of the tube.
    - Label should be oriented so the last name of the patient is near the cap.
    - Do not wrap or spiral the label around the specimen tube.
    - If the label is longer than the tube, bend label over the bottom of the tube.
    - Place the label so it does not obscure the view of the contents of the tube.
- For specimens collected in specimen cups:
    - Handwrite source and tests, along with collector's initials, date and time on label.
    - Place specimen upright on a counter-top. Attach the label horizontally to the cup.
    - Do not put the label on the lid of the container.
- For Microbiology specimens:
    - The anatomical site or source must also be handwritten on the label.
    - Date, time, and initials of collector must also be on the label.
    - Place label lengthwise along the swab with the last name towards the cap.
    - Do not wrap or spiral the label around the swab.
- For Blood Culture bottles:
    - Place patient label lengthwise on the bottle with the neck/stopper to the left.
    - Orient the label so the last name of the patient is towards the neck of the bottle.
    - Do not cover up the Bactec bottle bar code. Bactec must see this bar code to work.

Hand-written labels

- The first line on the label will be "LAST NAME, FIRST NAME". Use the patient's full name (no nick names or abbreviations)
- The second line will be the patient's date of birth, or MR number, or account number
- The third line will be the date/time of collection and collectors initials.
- The cap/stopper on the tube should be to the left. (Ex. If you are right handed, hold the cap of the tube with your left hand and write the name of the patient)

- Write directly on the paper label that is attached to the specimen tube. If you are attaching a handwritten label, it must be placed directly on the paper label. The label should be placed down the length of the tube and it should not obscure the contents of the tube.
- For blood culture bottles, DO NOT cover the barcode with the label.

Label example:

Last name, First name DOB 1/22/1901 10/31/07 1530 hrs collectors initials

SPECIMEN LABELING

<u>Placement of Meditech Lab Labels</u>.

This procedure is for specimens received that have been collected elsewhere.

*** Always verify patient ID by two identifiers: name, DOB, or MR# before placing lab label.

Anytime a Meditech Lab label is placed on a specimen the person who is collecting or labeling must place their initials on the label.

Exception: when drawing blood using a handheld. The handheld will print the collector's initials.

1. **<u>Blood Tubes and pour off tubes</u>** –

   Hold tube with cap to the left. Place label down the length of the tube.

   Label should be oriented so the last name of the patient is near the cap.

   Do not wrap or spiral the label around the specimen tube. If the label is longer than the tube, then bend the label over the bottom of the tube.

   Place the label so it does not obscure the view of the contents of the tube.



   Pour-off Tubes: The person pouring off a specimen must initial the label of the pour off tube.

2. **<u>Urine cups, stool containers –</u>**

   Verify the specimen source and tests. Stools may have multiple tests ordered.

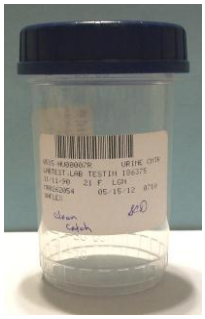
   The patient label on the specimen should have the initials of collector, date, time, specimen source, and tests.

   If a discrepancy is noted from tests listed and tests ordered, contact floor to resolve.

   With specimen cup sitting upright place the lab label horizontal on the cup.

   Do not put label on the lid.

   Place your initials on the label.



3. **<u>Microbiology Specimens and Swabs –</u>**

   The anatomical site/source, tests, collection time and collector initials should be on specimen label.

   Verify patient id, site/source, tests, and match the corresponding Meditech Lab Label with the proper swab.

   Any discrepancy must be resolved by contacting the floor/doctor's office.

   Place Meditech Lab Label on the swab lengthwise with cap to the left.

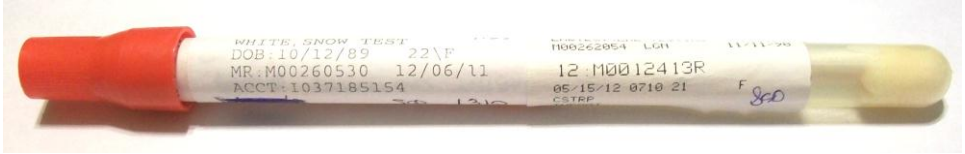
   (Beside the patient id label) Do not wrap or spiral the label around the swab.

   Do not cover the patient id label that shows site/source if possible.

   Place your initials on the label.



Patient id label Meditech Lab label



4. **Blood Culture Bottles –**

   Verify and match up Blood Culture Bottle sets: Aerobic(Blue) + Anaerobic(Yellow) = 1 set

   1 Pedi bottle = 1 set

   Watch for identifying draws such as #1, #2, line draw, peripheral

   Place Meditech Lab Label lengthwise on the bottle with the neck/stopper to the left.

   Orient the label so the last name of the patient is towards the neck of the bottle

   Do not cover up the bactec bottle bar code. Bactec must see this bar code to work.

   Do not cover completely the patient id label if possible.

Do not cover Bactec bar code
↓



Meditech Lab Label ↑

BLOOD BANK SPECIMENS – Labeling requirements for Blood Bank are more stringent and must meet AABB standards. All required information ***must*** be on the specimen or the specimen cannot be used.

- Special Blood Bank labels and wristband must be taken to the patient's bedside before attempting to collect the specimen
- Patient name, DOB, MR #, Date and time of collection and collectors ID must be written on the wristband, AND on the label.
- The specimens must be labeled and the wristband must be placed on the patient prior to leaving the patient's presence.

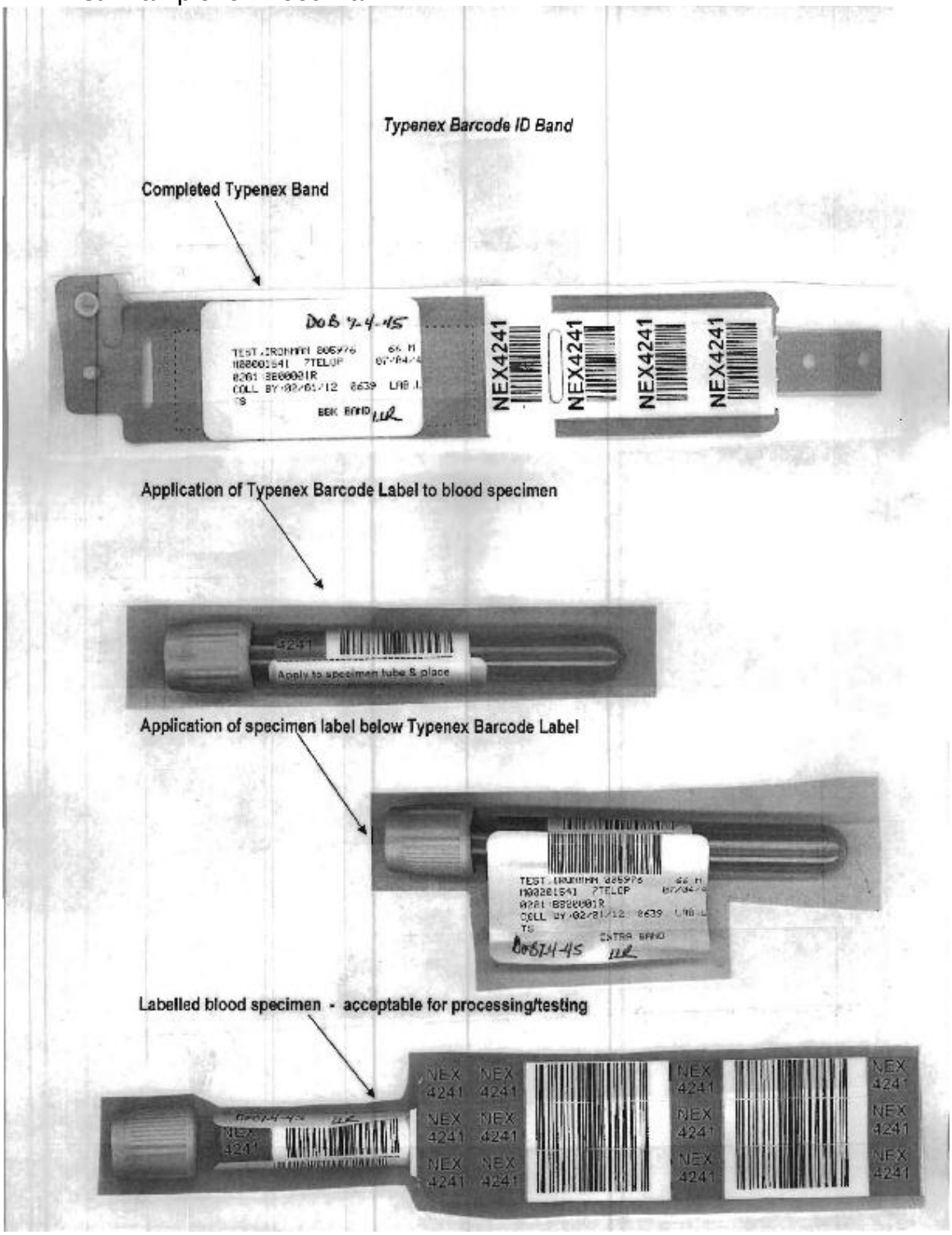
Label example for Blood Bank specimens:

Last name, First name DOB 1/22/1901 Medical Record Number 10/31/07 1530 hrs Collector's initials BB 123456

Wristband example for Blood Bank

Last name, First name		DOB 1/22/1901	BB 123456
MR #	10/3/07	1530hrs Collector Initials	

Wrist Example for Blood Bank



ANATOMICAL PATHOLOGY SPECIMENS – includes biopsies, tissues and foreign bodies removed during surgery.

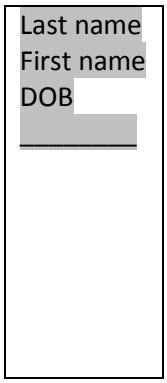
- The label should contain the patient's full name and at least another unique identifier such as date of birth, MR number or account number.
- The initials of the person (circulating/scrub nurse) assisting the physician with specimen collection should be written on the label,
- For Pathology specimens, the exact anatomical site must be written on label.
    - The specimen container should be upright on a counter-top. The label should be attached horizontally to the cup/jar.
    - Do not put the label on the lid of the container since lids are removed during testing.
    - The anatomical site written on the label must exactly match the anatomical site on the requisition.
    - The number of specimens in the jar/cup must match the number of specimens listed on the requisition and label. (ex. specimen labeled "Bx's" [imply multiple specimens)] but only one piece of tissue is present, will be rejected)

Label example for Pathology

Last name, First name DOB 1/22/1901 Bx GEJ collector's initials

SLIDES OR SMEARS

- Slides must be labeled directly on the frosted end using a pencil. Do not use pen or marker since these will wash off during processing
- Write the Last name, First name and Date of birth
- Only add patient label to the plastic/cardboard slide holder.



READ BACK PROCEDURE

When a specimen is obtained during a procedure and passed from one team member to another for preparation, a verbal Read Back is required (for example, from physician to nurse/tech/ etc.).

Steps include:

1. Specimen is passed from physician to a procedural team member.
2. Physician must verbally identify the source of the specimen to the procedural team member(s).
3. The team member(s) restates the specimen source for confirmation from the physician. Clarify spelling with the doctor if needed. Be SPECIFIC when notating the source of the specimen.

Note: In the OR and Endoscopy units, the scrub person keeps an accurate account of the source of each specimen acquired from the physician, keeping them separated until an RN secures them. Each specimen should be identified and marked before the next specimen is obtained.

DOCUMENTATION:

1. Staff will document specimen procurement as per department specific practices.
2. All documentation such as; labels, requisitions, and order entry must be identical.
3. Avoid all spelling errors.

PREPARATION:

1. Please refer to the Labeling instructions above and Specimen Type charts listed below in this policy for specific preparation, ordering and handling.
2. Reference the Endoscopy specific chart and Algorithm for specimens obtained by endoscopy.
3. Ratio of FORMALIN to (routine) SPECIMEN is at least **3 to 1** (ideally 10 to 1). *Use a large enough container to achieve the correct ratio.*
4. Ratio of CYTOLYT to CYTOLOGY SPECIMEN is **1 to 3**.

Category: Patients/Patient Care
Department of Origin: Laboratory
Formulation Date: 11/07
Effective Date: 12/07, 9/08, 12/10, 12/12
Reviewed:
Revised: 8/08, 11/10, 11/12
P.C. No: 167
Page: 8 of 14
Approval:_____
Cindy Virgil, MSN, RN
SVP for Patient Care Services

SPECIMEN TYPE: ANATOMIC PATHOLOGY to HISTOLOGY DEPARTMENT

Specimen Type:	Preparation:	Computer Order:	Handling:	Key Notes
Routine tissue, bone, and biopsies	Formalin and plastic container then bagged. Formalin is used at a ratio of 3:1, formalin: specimen.	PATH-SP	Sent to Pathology at next scheduled trip/ drop off.	After hours/ weekends to be handled per department specific practice.
Frozen Section	NO formalin in plastic container then bagged. May use telfa with saline to keep specimen moist. Call Pathology, Ext-7167, before the frozen specimen is sent.	PATH-SP	Immediately transported to Pathology, noting the time sent.	Surgeon to schedule all Frozen Sections prior to surgery. Pathologist will call to give report to the surgeon/ surgical team. Note the time of report.
Needle Localization in OR	NO formalin and DOUBLE BAGGED. Call Mammography, Ext- 8081, approximately 15 minutes before sending the specimen.	PATH-SP	Immediately transported to Mammography with pertinent films, noting the time sent. Transporter waits in Mammography and then takes specimen with the pertinent film to Pathology.	Radiologist will read the films and a Radiology Technician will call the OR to give report to the surgical team. Note the time of report.
Fresh	NO formalin in plastic container then bagged. May use telfa with saline to keep specimen moist.	PATH-SP	Immediately transported to Pathology.	Specified by SURGEON for SPECIAL STUDIES. *Kidney stones are ALWAYS sent fresh.*
Amputated Limbs in OR	DRY in a Biohazard labeled, large bag and double bagged.	PATH-SP	Immediately transported to Pathology.	After hours/ weekends immediately transport Labeled and bagged amputated limb to the Morgue. The written Requisition MUST stay in the OR soiled utility workroom and delivered to Pathology at the next scheduled drop off.

*****All specimens, including breast tissue, for pathology must be in a container with formalin. *****
*****All foreign bodies and hardware with embedded tissue must be sent to Pathology in formalin. *****
*****Specimens preserved in formalin can be stored at room temperature. *****
*****All Frozen/ Fresh specimens must be delivered to Pathology STAT. *****

SPECIMEN TYPE: CYTOLOGY to HISTOLOGY DEPARTMENT

Specimen Type:	Preparation:	Computer Order:	Handling:	Key Notes
Cytology Fluid/ Luki Tube	Fresh specimen (No fixative).	PATH-CYTO Only one cytology can be ordered per entry. The time collected must be entered.	Immediately transported to Pathology. Labeling of urine cytologies must include the mode by which it is instrumented Example: Cystoscopic, Bladder, right or left ureter, right or left nephrostomy, or catheterized. Also, voided urine must be labeled as such.	After hours/ weekends, to be handled per department specific practice.
Cytology Slides (Candida)	Immediately spray the specimen on the slide with Cytology Fixative Spray (for slides only). DO NOT let specimen air dry without fixative. Place it into a dry slide holder/ specimen cup.	PATH-CYTO Only one cytology can be ordered per entry. The time collected and number of slides must be entered.	Sent to Pathology at next scheduled trip/ drop off.	
Cytology Brushings	CytoLyt, specimen container, then bagged.	PATH-CYTO Only one cytology can be ordered per entry. The time collected must be entered.	Sent to Pathology at next scheduled trip/ drop off.	
Fine Needle Aspirates	CytoLyt, specimen container, then bagged. May be sent as a fresh specimen during working hours.	PATH-FNA	Sent to Pathology at next scheduled trip/ drop off.	
PAP tests	Prepared by physician. May be Thin Prep or slide.	PATH-PAP	Sent to Pathology at next scheduled trip/ drop off.	

*****ALL SHARED Cytology Specimens between Pathology and Microbiology must ALWAYS be sent FRESH and directed to Microbiology FIRST.*****
*****Microbiology specimens are to be dropped off at the Central Lab Window (Specimen Processing Area) of the Laboratory.*****

SPECIMEN TYPE: MICROBIOLOGY to the CENTRAL LAB WINDOW (Specimen Processing Area)

Specimen Type:	Preparation:	Computer Order:	
Tissue, bone and biopsies for Culture	Fresh specimen, use sterile cup or sterile culturette	Culture (tissue, bone, wound)	MIC-CWC
		Fungal Culture	MIC-CFUNG
		AFB Culture	MIC-CAFB
		Gram Stain	MIC-GS
Brushings for Microbiology	Brush *only*, in Sterile cup.	Brushings	MIC-CBW
Luki Tube for Microbiology	Fresh specimen, use sterile cup or sterile tube	Sputum Culture	MIC-CSPUT
		Washings for Culture	MIC-CBW
Stool/ Aspirate specimens for Culture, Gram Stain, Giardia Crypto Antigen, Whites, and C. Diff	Fresh specimen use sterile cup or aspirate container.	Stool Culture	MIC-CST
		Clostriduim Toxin	LAB-CT
		Giardia Crypto Antigen	LAB-CGAG
		Stool for Whites	LAB-STWB
CLO Test	Place specimen into CLO test cartridge.	MIC-CLO	
Handling:	Deliver to the Central Lab Window (Specimen Processing Area) in the Lab.		
Key Notes:	Deliver ALL Microbiology specimens as soon as possible. Never keep overnight.		

ALL Microbiology specimens are FRESH; NEVER use fixative.

ALL specimens for Microbiology should be placed in sterile containers.

ALL *SHARED* specimens between Microbiology and Pathology (cytologies) must be designated on the label as SHARED.

ALL SHARED specimens must be sent to Microbiology *FIRST.*

ALL Microbiology specimens MUST have a *TIME* specified on the label.

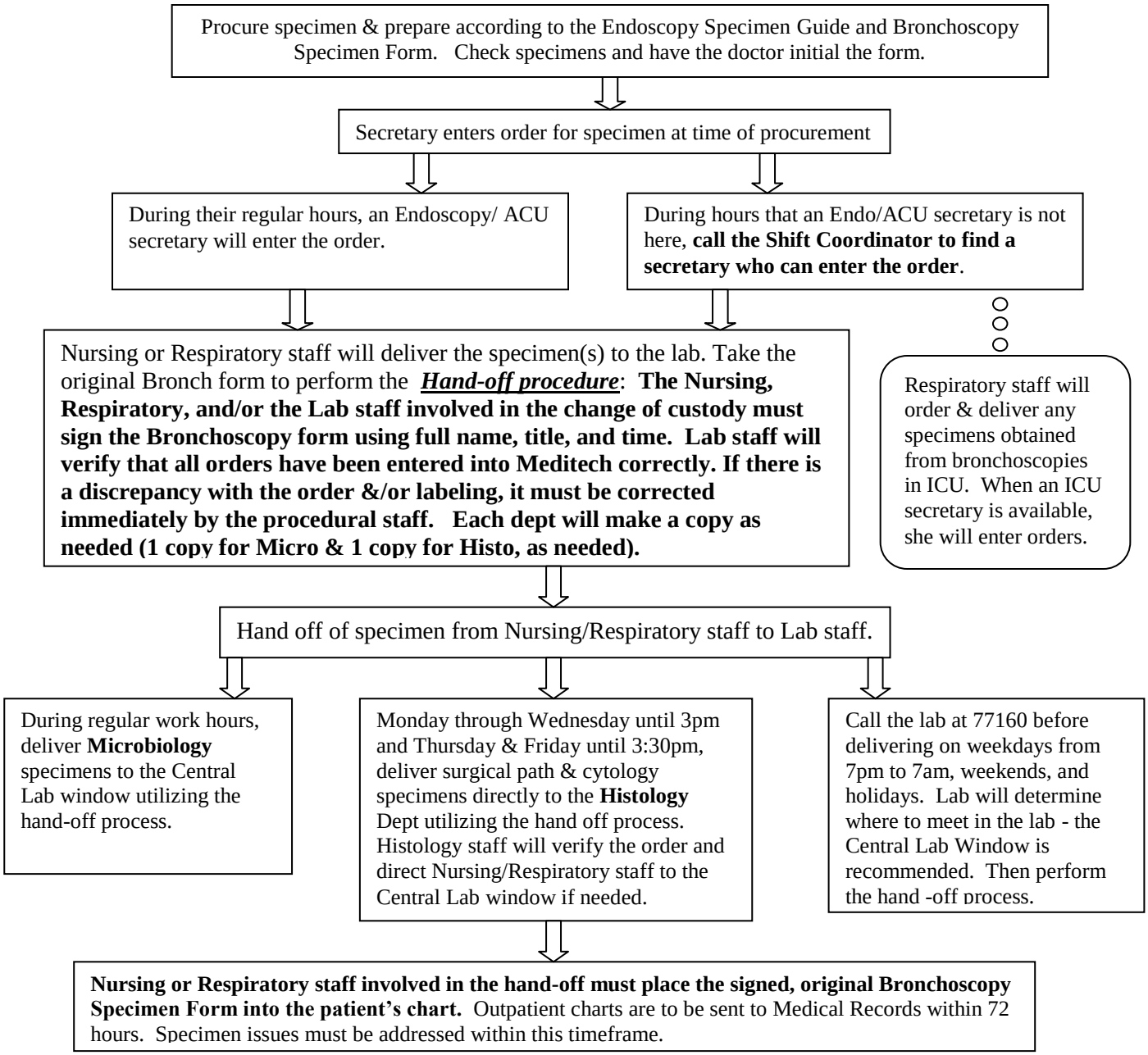
ENDOSCOPY SPECIFIC CHART

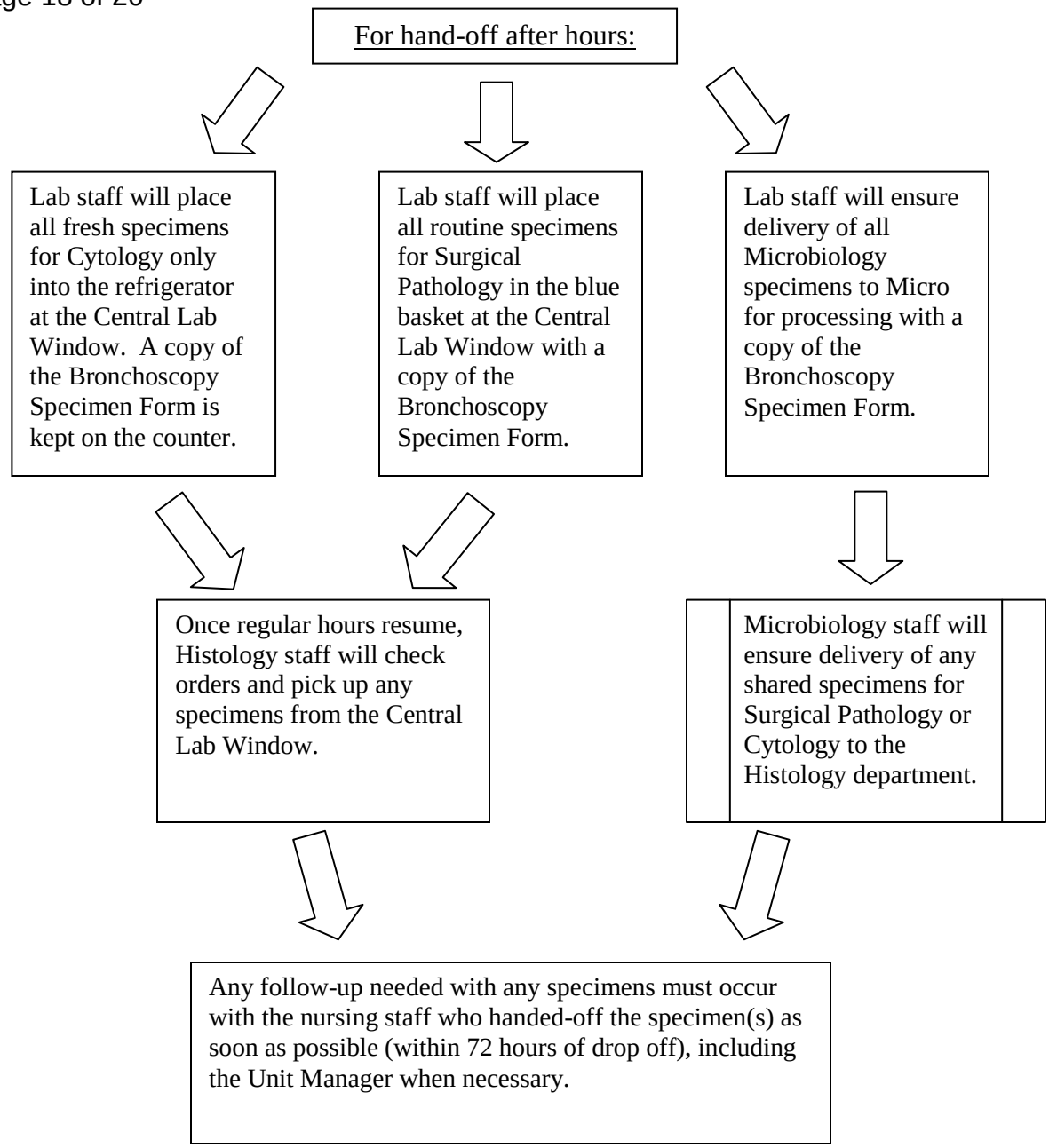
		Specimen Type	Order in Computer	Preparation	Delivery to	After Hours & Key Notes
HISTOLOGY	SURGICAL PATHOLOGY	Frozen Sections & Touch Prep- for immediate diagnosis	PATH-SP Place next to specimen name- "for FROZEN"	Fresh (NO FIXATIVE) Plastic container & lid NSS- small amount to keep tissue moist on telfa or gauze	Histology- STAT	The Pathologist will call the surgeon with report immediately after examining specimen.
		Routine specimens: Tissue, bone and biopsies for pathology; including **Needle Biopsies** (For Example: Transbronchial Biopsy)	PATH-SP	Plastic container & lid **Always add 10% Formalin** **Ratio 3:1,** (10:1 is ideal) = **Formalin: specimen**	Histology Approximate drop off times: 0730, 1030, 1300 with last delivery at 1500 on Monday through Wednesday and 1515 on Thursday and Friday.	After hours, weekends, and holidays routine specimens can be kept on the nursing unit if there are no other types of specimens to go to lab. Deliver routine specimens to the **Lab's Central Window** when fresh specimens are also obtained.
	CYTOLOGY	Luki tube/fluid for Cytology (**includes Differential**)	PATH-CYTO	Fresh	Histology **Deliver fresh specimens to Histo immediately- within 1 hour of procurement.** Always perform hand-off process with lab personnel outlined in policy. Cytolyt to specimen- **Ratio 1:3 = CytoLyt: specimen** Gently swish the fluid around to ensure CytoLyt is covering entire specimen.	**All shared specimens must be delivered fresh immediately, to Microbiology first. DO NOT put Cytolyt or Formalin on the specimen.** Microbiology staff will send the specimen to Histology if it is to be shared. Note on the label of a shared specimen: "**SHARED**". Call the lab at 77160 before delivering fresh cytologies on weekdays between 7pm to 7am, weekends, and holidays. At the **Lab's Central Window** utilize the hand-off process and the Lab personnel will place the specimen in the correct refrigerator.
		Brushings for Cytology & ERCP Stents	PATH-CYTO	Place brush or stent in CytoLyt Ensure CytoLyt completely covers brush/stent.		
		Slides for Cytology: Slides made during brushings and Candida slides	PATH-CYTO Label the slide on frosted end with a **pencil**: Full patient name & source.	Use Cytology Fixative Spray immediately after collection (saturate cells). DO NOT let slide air dry before spraying. Place into slide container.		
		Fine Needle Aspirate: (For example: Transbronchial Needle Aspirate (TBNA))	PATH-FNA (For cells and/or fluid)	**Always add CytoLyt** CytoLyt instructions in next box to the right.		
MICROBIOLOGY No Fixative		Tissue, bone and biopsies for culture	MIC- enter specific orders whether for Culture, gram stain, fungus, etc.	Fresh Sterile cup or culturette **Never use Formalin or CytoLyt**	Lab - Central Lab window **Deliver ALL Microbiology specimens immediately - within 1 hour of procurement.** Perform the hand-off process outlined in policy.	**Never keep microbiology specimens overnight.** **All shared specimens must be delivered fresh immediately, to Microbiology first.** **DO NOT put Cytolyt or Formalin on the specimen.** Microbiology staff will send the specimen to Histology if it is to be shared. Note on the label of a shared specimen: "**SHARED**". Call the lab at 77160 before delivering on weekdays between 7pm to 7am, weekends, and holidays. Lab personnel will determine where to meet in the lab for hand-off.
		Brushings for Microbiology	MIC- enter orders as specified by doctor	Fresh Place brush in sterile cup **Never use Formalin or CytoLyt**		
		Slides for Microbiology (Gram Stain)	MIC- enter orders as specified by doctor	**DO NOT spray, Air dry the slide** Label the slide on frosted end with a **pencil**: Full patient name & source. Place into slide container or cup.		
		Stool/ aspirate specimens for Microbiology- culture, gram stain, giardia crypto antigen, whites, C.diff	MIC- enter orders as specified by doctor LAB- enter CT, CGAG, STWB**	Fresh Sterile cup or aspirate container		
		Luki tube for Microbiology	MIC- enter orders as specified by doctor	Fresh		

** CT= Clostridium Toxin (C.diff), CGAG= Giardia Crypto Antigen, STWB= Stool for Whites

Endoscopy Procedures Performed Outside of the Endoscopy Unit:				
	Documents Case	**Enters Charges**	**Owns Specimen**	**Key Notes**
By Endoscopy staff in the ICU or Radiology Dept	Endoscopy RN	Endoscopy staff	Endoscopy staff	After hours, fresh specimens will be processed by an ICU/float secretary with the Endo staff
By ICU staff in the ICU	ICU RN	ICU staff	ICU staff	Endo staff will be called in to clean/process the scope used
By OR & Endo staff in the OR	OR RN	OR staff, Endo staff will charge supplies from Endo Dept	OR staff	Endo staff will assist OR staff with the specimen handling/processing

BRONCHOSCOPY SPECIMEN HAND-OFF ALGORITHM




For hand-off after hours:
Lab staff will place all fresh specimens for Cytology only into the refrigerator at the Central Lab Window. A copy of the Bronchoscopy Specimen Form is kept on the counter.
Lab staff will place all routine specimens for Surgical Pathology in the blue basket at the Central Lab Window with a copy of the Bronchoscopy Specimen Form.
Lab staff will ensure delivery of all Microbiology specimens to Micro for processing with a copy of the Bronchoscopy Specimen Form.
Once regular hours resume, Histology staff will check orders and pick up any specimens from the Central Lab Window.
Microbiology staff will ensure delivery of any shared specimens for Surgical Pathology or Cytology to the Histology department.
Any follow-up needed with any specimens must occur with the nursing staff who handed-off the specimen(s) as soon as possible (within 72 hours of drop off), including the Unit Manager when necessary.

Indiana Regional Medical Center
Department of Laboratory Medicine

Confirmation of Specimen Identification Form 1015A

(Irretrievable Unlabeled Specimen or Specimen/Requisition Mismatch)

To:	Fax Number:
From:	Date:

READ | POLICY: It is the policy of the Department of Laboratory Medicine that all specimens received | for testing be correctly and adequately labeled to assure positive identification of patient. | REPORTS ARE HELD UNTIL WRITTEN VERIFICATION IS RECEIVED.

	Original Information Received	Corrected Information
Patient Name:	_____	_____
DOB:	_____	_____
Sex:	_____	_____
MR/Accession:	_____	_____
Specimen source:	_____	_____

Reason for change:

PHYSICIAN'S STATEMENT

I affirm the accuracy of the corrected information provided and request that the specimen be analyzed. By signing this document, I take responsibility for the patient misidentification/inadequately labeled specimen and am giving the Department of Laboratory Medicine approval to label the specimen as I have requested. The process of obtaining a new specimen could have a negative impact on the care of the patient, and is not possible at this time.

REQUIRED:

Print Physician Name:_____

Signature: _____ Date: _____

WHEN COMPLETE, PLEASE RETURN BY FAX TO 724-357-7481

Lab Use Only

Footnoted in computer: _____ Initials: _____ (template:MISLABEL)

Scanned into computer: _____ Initials: _____

Event report filed: _____ Initials: _____

Date Resolved: _____ Supervisor Initials: _____

Indiana Regional Medical Center
Department of Laboratory Medicine

Data Discrepancy Form 1015B

(Incomplete Data/Patient Name Discrepancy)

To:	Fax Number:
From:	Date:

READ | The following is verification that the specimen received by the Department of Laboratory **|** Medicine does in fact belong to the listed patient. By signing this document, I take responsibility **|** for the patient name and/or data discrepancy and am giving the Laboratory the approval to label **|** the specimen as I have requested. If results are reported, I agree to remove any incorrect report **|** from the patient's file.
| REPORTS ARE HELD UNTIL WRITTEN VERIFICATION IS RECEIVED.

	Original Information Received	Corrected Information
Patient Name:	_____	_____
DOB:	_____	_____
Sex:	_____	_____
Date/Time of Collection	_____	_____
Specimen source:	_____	_____
Pre-op diagnosis:	_____	_____

Reason for change:

REQUIRED:

Print Name of Person Correcting Label/Requisition:_____

Signature: _____ Date: _____

WHEN COMPLETE, PLEASE RETURN BY FAX TO 724-357-7481

Attention: In order to receive timely results, please return requested information within 24 hours. Thank You.

Lab Use Only

Scanned into computer: _____ Initials: _____

Date Resolved: _____ Initials: _____