**Name of Policy:** Specimens Unacceptable for Testing

**Policy Number:** 3364-107-102

**Department:** Pathology-Laboratory

**Approving Officer:** Chief Operating Officer-UTMC

**Responsible Agent:** Director, Clinical Pathology

**Administrative Director, Lab**

**Scope:** Pathology-Laboratory

**Effective Date:** 1/04/2023

**Initial Effective Date:** 9/29/1998

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1. When specimen is determined unacceptable due to hemolysis or clotting, department personnel will telephone the floor where specimen originated and inform them that the specimen is rejected. If the specimen is from the Emergency Department notify them immediately of any unacceptable specimens.

2. Specimen should be cancelled and rescheduled for collection. Include notation of person notified and reason for rejection/cancellation.

3. Notify IV Service or the appropriate outpatient lab immediately for redraw. Complete and Fax the Redraw Request to the laboratory for outpatient redraws.

4. If specimen is from an outside client and is unacceptable for testing the following should be done:
   a. Notify client immediately. If this is a stat specimen, page attending physician.
   b. If physician office/draw site closed, write up a laboratory occurrence report and put into manager’s or coordinator’s mailbox.
   c. Coordinator or manager will follow up with the office/draw site, when reopened.

5. If numerous problems are identified with one client/draw site, laboratory manager will meet with office manager and/or physician to discuss.

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(A) **Policy Statement**

The clinical laboratories have a policy for recognition and handling of specimens unacceptable for testing.

(B) **Purpose of Policy**

To establish a protocol for hemolyzed or clotted specimens rejected for laboratory use.

(C) **Procedure**

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<th><strong>Approved by:</strong></th>
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<tr>
<td>Director, Clinical Pathology</td>
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<td>/s/ Christine Stesney-Ridenour 01/10/2023</td>
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<td>Chief Operating Officer-UTMC</td>
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**Review/Revision Completed By:**
Heather Byrd – Administrative Director, Lab

**Next Review Date:** 1/04/2025

**Policies Superseded by This Policy:** OP-2