Name of Policy: **Specimens Unacceptable for Testing** **Policy Number**: 3364-107-102 **Approving Officer**: Medical Director, Clinical Pathology **Responsible Agent**: Director, Clinical Pathology Administrative Director, Lab **Scope**: Pathology Laboratory University of Toledo Medical Center	UTOLEDO HEALTH **Effective date:** 01/04/2025 **Original effective date**: 09/29/1998
Key words: Unacceptable specimens, hemolyzed, clotted, reject, inpatient and outpatient.	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(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

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.

Approved by: /s/ _____ Name: Amira Gohara, M.D. Title: Medical Director, Clinical Pathology 1/10/2025 _____ Date *Review/Revision Completed by:* *Joshua Otiso, Administrative Director, Lab*	**Policies Superseded by This Policy:** • *OP-2* Initial effective date: 09/29/1998 Review/Revision Date: 01/04/2025 Next review date: 01/04/2027