Name of Policy: **Specimen Collection and Acceptance** **Policy Number**: 3364-107-112 **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**: 10/04/2004
Key words: Patient identification, specimen collection, collection manual, labeling, blood bank.	

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

(A) Policy statement

Optimal specimens provide optimal results. UTMC laboratory will accept only properly identified and collected specimens.

(B) Purpose of policy

Procedures must be followed consistently to ensure positive identification of patients and specimens obtained from patients for testing. The Clinical Laboratory will NOT analyze specimens received with incorrect or improper identification. Clinical Laboratory personnel will not label, or re-label improperly submitted specimens nor return the specimen to the patient care area.

(C) Procedure

1. Prior to obtaining any specimen, verify the identification of the patient by asking patient to state name and/or reading name from patient identification band or test requisition. For inpatients, also verify the Patient ID number with the patient's band and the test requisition, labels, or electronic orders. For outpatients, verify the birth date. **Two unique identifiers must be matched**. If no ID band is present on an inpatient, do not proceed until Identification band is in place.

1. Refer to Specimen Collection Manual for proper container/tubes to use and special instructions for tests ordered.

2. Label specimens at the patient's side at the time of collection using the labels created by following the procedure for Mobile Care Phlebotomy. The following information is to be included and will print on the label.

- ✓ Patient's full name (first and last) or temporary BB-ID identification - REQUIRED.
- ✓ Patient medical record number- REQUIRED.
- ✓ Date/time of collection and initials of phlebotomist – specimens will not be processed without this information.

3. Labels obtained from lab label printers may also be used and will have the above information printed on them.
4. Follow Blood Bank Specimen Collection Protocol for specimens for Blood Bank.
5. Use ball-point pen or indelible marker for labeling tubes.

Specimens will be rejected as unsuitable for analysis under the following conditions:

- ❖ Improper or incomplete labeling as stated above.
- ❖ Broken or leaking specimens.
- ❖ Improperly filled coag tubes or insufficient quantity of specimen for testing.
- ❖ Clotted anticoagulant tubes.
- ❖ Hemolyzed or contaminated specimens.

Rejected specimens will be marked and placed in designated storage areas in the department for later discard.

****Under NO circumstances are tubes with improper identification to be returned to patient care areas. ONLY tubes lacking date/time or phlebotomist initials may be returned to patient care areas for completion if information is not verifiable by phone.

"Precious" specimens such as Intra-Op surgical specimens, Bone Marrow, CSF that are received unlabeled or mislabeled may be identified or corrected in the Lab by the personnel who obtained the specimen. Labeling or correction of patient identification on a specimen must be thoroughly documented on the test requisition. DO NOT RETURN THE SPECIMEN TO THE COLLECTION SITE FOR LABELING.

References:

Food and Drug Administration, Department of Health and Human Services. Title 42, Code of Federal Regulation, Parts 493 to end. Washington, DC: U.S. Government Printing Office, (revised annually)

Food and Drug Administration, Center for Biologics Evaluation and Research. Guidelines on quality assurance in blood establishments. Rockville, MD: Food and Drug Administration, 1995 (Docket No. 91N-0450.

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-12* Initial effective date: 10/04/2004 Review/Revision Date: 01/04/2025 Next review date: 01/04/2027