Name of Policy: Specimen Collection and Acceptance
Policy Number: 3364-107-112
Department: Pathology-Laboratory
Approving Officer: Chief Operating Officer-UTMC
Responsible Agent: Director, Clinical Pathology
Administrative Director, Lab
Scope: Pathology-Laboratory

Effective Date: 1/4/2023
Initial Effective Date: 10/4/2004

______ New policy proposal
______ Major revision of existing policy
X Minor/technical 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.
2. Refer to Specimen Collection Manual for proper container/tubes to use and special instructions for tests ordered.
3. 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.
4. Labels obtained from lab label printers may also be used and will have the above information printed on them.
6. 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


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<th>Approved by:</th>
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<tr>
<td>/s/ Amira Gohara, M.D. Date 01/05/2023</td>
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<tr>
<td>Professor</td>
<td>9/30/05</td>
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<td>Director, Clinical Pathology</td>
<td>9/14/2007</td>
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<td>/s/ Christine Stesney-Ridenour Date 01/10/2023</td>
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<tr>
<td>Chief Operating Officer-UTMC</td>
<td>6/10/2008</td>
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<td>Review/Revision Completed by:</td>
<td>3/1/2011</td>
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<td>Heather Byrd – Administrative Director, Lab</td>
<td>2/20/2015</td>
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