


Name of Policy: Rejection Criteria Policy Number: 3364-136-CBGL-05 Approving Officer: Medical Director, Blood Bank Program Responsible Agent: Director, Respiratory Care Services Scope: The University of Toledo Medical Center Respiratory Care Services Department		 Effective date: 2/3/2025 Original effective date: 4/2003	
Key words: Rejection Criteria, Blood Gas, Lab, Specimen, labeling			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The Blood Gas Lab will have a policy for recognition and handling of specimens unacceptable for analysis.

(B) Purpose of policy

To establish procedures for specimens rejected by the blood gas lab.

(C) Procedure

1. If a specimen is received into the blood gas lab with a needle still attached, without a label, or if the specimen is miss-labeled, the specimen will be rejected. A specimen is considered miss-labeled if there is incorrect patient information on the label. The nursing unit should be notified when the specimen is rejected. The Respiratory Care Practitioner (RCP) will cancel the original order and re-order a new blood gas in the electronic medical record (EMR) once a new and appropriate sample is obtained.
2. The blood gas sample should arrive in an ice bath. Without ice, the sample must be analyzed within 15 minutes for arterial samples and 30 minutes for venous samples (in a proper lab tube) Samples received without these accommodations will be rejected, and the nursing unit notified.
3. If a specimen is determined unacceptable due to clotting or an insufficient amount of blood, the sample will be rejected, and an attempt to collect a sufficient sample is needed.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Melissa Kukiela BSRC, RRT Director, Respiratory Care Services</p> <p>2/3/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Lauren Stanoszek, MD Medical Director</p> <p>2/3/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> Director, Respiratory Care Services</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>n/a</i> <p>Initial effective date: 04/2003</p> <p>Review/Revision Date:</p> <p>12/15/2004 11/17/2005 12/06/2006 04/17/2007 03/01//2008 02/12/2009 04/29/2010 02/23/2011 04/11/2012 03/03/2014 05/20/2014 03/01/2017 02/12/2019 09/21/2020 03/15/2023 02/03/2025</p> <p>Next review date: 02/3/2027</p>
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