HEALTH HOLDING

HAFER ALBATIN HEALTH CLUSTER MATERNITY AND CHILDREN HOSPITAL

Department:	Laboratory and Blood Bank		
Document:	Departmental Policy and Procedure		
Title:	Specimen Receipt and Inspection		
Applies To:	All Laboratory and Blood Bank Staff		
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1. PURPOSE:

1.1 To standardize the procedure for the specimen receipt and inspection in laboratory reception areas. It describes the procedure for the distribution of laboratory specimens to the appropriate laboratory sections for analysis.

2. DEFINITONS:

N/A

3. POLICY:

3.1 Because patient/specimen misidentification may cause morbidities and mortalities, the best hope for prevention lies in preventing or detecting errors in the every phase of the laboratory processes. When a sample is received in the laboratory, documented checks must be made to confirm that the information on the sample label and the information on the CAREWAR system or request form are identical. If there is any doubt about the identity of the patient or about the labelling of the sample, a new sample must be obtained.

4. PROCEDURE:

4.1 **Date and time of specimen reception:** The receptionist documents the date and time of specimen reception and must check that specimens meet acceptance criteria included.

4.2 Check for proper packaging. The receptionist will check for the delivery of properly collected specimen in a designated screw capped container are properly packed in a bio-hazard bag are delivered to the laboratory.

4.3 **Check for quality and quantity of specimen:**

- 4.3.1 The laboratory staff makes sure that the container used for specimen collection is appropriate and suitable for the tests requested, does not show any sign of leakage.
- 4.3.2 It should not be contaminated.
- 4.3.3 The container containing the specimen for bacterial culture must be sterile.
- 4.3.4 The blood culture bottles are appropriate and the expiry date is still valid.
- 4.3.5 Sufficient quantity of specimen is collected to carry out the requested test procedures.
- 4.3.6 Check that the specimen received is the correct specimen for the requested test.

4.4 Check for adequacy of specimen labelling, that the specimen has been correctly and adequately labelled with the correct patient demographics like patient's complete name, medical record number, sex, site of origin, type of specimen and the test requested.

4.5 **In case of manual request check for request completion:**

- 4.5.1 The request form should be complete with the patient demographics like name, medical record number, age, sex, clinical diagnosis, tests requested, date and time of tests requested and name and signature of the treating physician.
- 4.5.2 Check the request form and determine whether the specimen has to be processed urgent or routine, according to the requested order that was completed by the treating physician.

4.5.3 Any "stat" or "emergency" request must be prioritized and processed first.

4.5.4 "Stat" or "urgent" specimens are usually labelled with a small red coloured label to alert the technologists about their "stat" or "urgent" status.

4.6 **Check for label / request discrepancies:**

4.6.1 Check the request form and the specimen for identity of the specimen.

4.6.2 Positively identify the specimen by comparing the information present on the label and the request form.

4.6.3 If any of the information does not match, follow the appropriate procedure as described in Laboratory Specimens Rejection Criteria.

4.6.4 If an incorrect specimen has been received (e.g., urine instead of stool), inform the requesting location and request a recollection of a proper specimen.

4.6.5 If the test order made by the physician is incorrect, the receptionist shall immediately contact the requesting physician to clarify and correct the order.

4.7 **Final decision (accept/reject):**

4.7.1 If any of the acceptance criteria has not been met, the receptionist shall reject the specimen on CAREWARE system and inform the person delivering the specimen, in a professional and friendly manner, why the specimen cannot be accepted and provide the proper instruction on how to match all criteria.

4.7.2 If the acceptance criterion has been met, the receptionist shall accept the specimen on CAREWARE system immediately process the accepted specimens and ensure immediate delivery of specimens to the appropriate sections for immediate analysis.

4.8 **Specimen Rejection Criteria:**

4.8.1 Specimen is received without an approved requisition;

4.8.2 Requisition is received without a specimen;

4.8.3 Requisition or specimen label lacks two patient identifiers;

4.8.4 Requisition or specimen label information is illegible;

4.8.5 Requisition and specimen label information is not identical;

4.8.6 Requisition and/or specimen mislabelled (Patient identifiers inaccurate);

4.8.7 Incorrect specimen container/tube is used;

4.8.8 Date of collection is not recorded;

4.8.9 Time of collection is not recorded;

4.8.10 Specimen is clotted;

4.8.11 Specimen is too old for testing;

4.8.12 Specimen container is leaking;

4.8.13 Specimen quantity is insufficient (QNS)

4.8.14 Specimen contamination, dilution or other interfering substances affect specimen integrity; example: haemolysed, lipemic;

4.8.15 Inappropriate specimen;

4.8.16 Duplicate test request.

5. MATERIALS AND EQUIPMENT:

N/A

6. RESPONSIBILITIES:

6.1 Laboratory Director

6.2 Chief Medical Technologist

6.3 Laboratory Quality Assurance Officer

6.4 Laboratory Receptionist

6.5 Laboratory Technologist for the respective sections

7. APPENDICES:

7.1 Specimen Rejection Form

8. REFERENCES:

8.1 Department of pathology and laboratory medicine, University of California, Irvine school of medicine.
8.2 Ministry Medical Group, Saint Michael's Hospital.

9. APPROVALS:

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Appendices 7.1 Specimen Rejection Form

Kingdom of Saudi Arabia
Hafar Al Batin Health Cluster
Maternity and Children Hospital

المملكة العربية السعودية
التجمع الصحي بحفر الباطن
مستشفى الولادة والأطفال

SPECIMEN REJECTION FORM

PATIENT INFORMATION

Patient Name		**MRN/ National ID No.**	
Test		**Department**	

THE LABORATORY IS UNABLE TO PROCESS THIS SPECIMEN FOR THE FOLLOWING REASON:

Specimen/Sample ID Illegible البيانات غير مقروءه	Damaged - Contaminated عينه ملوثه
No Diagnosis لا يوجد تشخيص	Damaged - Expired Transport Media وسائط نقل منتهيه الصلاحيه
Incomplete Data البيانات غير مكتمله	Damaged - Improper Transport Media وسائط نقل غير سليمه
Wrong Labelling بيانات خاطئه	Damaged - Improper Temperature درجه الحراره غير سليمه
Wrong Request Form ركوست غير صحيح	No Sample Received ركوست بدون عينه
No Stamp/Singular لا يوجد ختم الطبيب المعالج أو القسم	Hemolysed Sample عينه متحلله
Test Not Available التحليل غير متوافر	Clotted Sample عينه متجلطه
Wrong Tube أنبوبه خاطئه	Lipeamic Sample عينه دهنيه
Quantity Not Sufficient الكميه غير كافيه	Over sample كميه العينه أكبر من الكميه المطلوبه
Damaged - Too Old عينه قديمه	Others:
Damaged - Broken or Leaked عينه مفتوحه أو مكسوره	

THE FORM COMPLETED BY:

Laboratory Staff		Department	
Date and Time		Sign/Stamp	