

University of Michigan Hospital and Health Centers
DEPARTMENT OF PATHOLOGY
**STANDARDS FOR IDENTIFICATION AND TRANSPORT OF SPECIMENS
AND REPORTING OF RESULTS**
Policy 108

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Issued: 03/04/91

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POLICY STATEMENT

It shall be the policy of the Department of Pathology to ensure that patient specimens are properly identified, processed and analyzed, and that the release of the results of laboratory tests is in accordance with all state and federal laws, accreditation standards, and professional ethics governing the same.

POLICY PURPOSE

The purpose of this policy is to establish uniform processes for laboratory specimen identification, disposition of all unacceptable specimens, specimen transportation and the reporting of laboratory results.

DEFINITION

Unique Specimens: Body fluids such as CSF, pericardial fluids, synovial fluids, etc., bone marrow aspirates and solid tissues. Urine is not considered a unique specimen.

POLICY STANDARDS

MLabs Client Specimens

All problems with MLabs client specimens, requisitions, interfaces orders, mislabeled specimens and unlabeled specimens, etc, should be called (936-2598), faxed (936-0755) or emailed (PATH-MLABS@umich.edu) to the MLabs Client Service Office, who will respond during their regular business hours.

Refer to the following addenda for MLabs policies:
1010.0 Standards for Identification and Transport of Specimens
1010.02 Standards for Release of Patient Health Information

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Labeling of Specimens and Requisitions

- All specimens must be labeled at the time of collection to provide unique identification at all times. There should be at least two separate identifying items on each sample. Laboratory studies will not be performed, except as detailed in this policy, where the specimen container does not carry two patient identifiers. The following information is required on each:

requisition	<ol style="list-style-type: none"> 1. Patient's first and last name 2. Patient's CPI (hospital registration) number and Visit number 3. Name and physician number of the physician ordering the test 4. Time and date of specimen collection 5. ICD-9 Code 6. Location of the patient clinic 7. Tests or assays requested 8. Source of specimen, when appropriate 9. Clinical information, when appropriate
specimen container	<ol style="list-style-type: none"> 1. Patient's first and last name 2. Patient's CPI number

- These guidelines are minimal acceptable standards and individual laboratories have established more strict standards as indicated in the following chart

Laboratory	Requirements
Blood Bank	The person collecting the specimen must: <ul style="list-style-type: none"> • date and initial the specimen and • sign the requisition.
Non-gynecologic Specimens	The requisition accompanying the specimen must contain the following information: <ul style="list-style-type: none"> • source of the specimen (urine, pleural fluid, breast, etc.) • patient's age or date of birth • patient's relevant clinical history.

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Inadequate or Inaccurate Information on Specimen or Requisition

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When a specimen is received in the laboratory and it does not have a label with two unique identifiers:

Laboratory	Response to Inadequate or inaccurate Information
Clinical Laboratories	<p>will discard without testing, all unidentified and misidentified specimens (exception: unique specimens or tissue)</p> <p>The laboratory will document the receipt of an unacceptable specimen in one of the following ways:</p> <ul style="list-style-type: none"> a) in the patient report b) An "Unlabeled Specimen" or "Mislabeled Specimen" label will affixed to the laboratory requisition in the Microbiology Section Laboratories or (Exhibit A) c) Occurrence Report" form (Exhibit B) d) in the hospital Risk Management System
Anatomical Pathology	<p>Unlabeled conventional gynecological specimens</p> <p>If the slide is not labeled but the cardboard folder/container is labeled, the comment "GYNPA" is added to the report. "CYNPA= The patient's slide(s) were received unlabeled. The identification attached to the mailer creates a presumable association between the slide and the requisition.</p>
	<p>Unlabeled ThinPrep gynecological Specimens</p> <p>If the ThinPrep container is not labeled, but the plastic bag which contains the ThinPrep vial is labeled, the comment "CYNPA" is added to the report, and the comment is edited to state ThinPrep container".</p> <p>Continued on next page</p>

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	<p>Missing or illegible information on requisitions accompanying gynecological specimens</p> <p>When the requisition lacks information or is not clearly/legibly written one of the following comments is added to the report:</p> <ol style="list-style-type: none">1. BLKLB = "The handwritten information about the patient did not transfer to the bottom copy of the requisition. There is an assumed association among the labeled slide and the carrier, or ThinPrep container, and the unlabeled requisition.2. OSR = "The anatomic source of this specimen was not indicated on the requisition. The diagnosis listed below assumes that the source is of Cervical/Endocervical/Vaginal origin."3. LIMLMP = "The specimen is satisfactory, however, no LMP was provided."
	<p>Discrepancies between gynecological specimens and requisitions</p> <p>The specimen and requisition will be rejected and returned to the place of origin when there is a discrepancy in patient identification between specimen/container and requisition. The "Specimen Rejection Form (Exhibit C)," is attached to the requisition when it is returned, as it explains the reason for the rejection.</p>
	<p>For Anatomic Pathology and any other laboratory that uses a dictated or typed specimen result, the "MID" comment should be dictated or typed into the report.</p>

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Notification That A Specimen Will Not Be Tested

- Do not discard the specimen at this point.
- Central Distribution will notify the physician or nurse in the **patient care unit** submitting the specimen by phone or by page. (If the laboratory is in possession of both the specimen and the requisition, the laboratory may notify the patient care unit.)
- Document notification in the computer using the order level footnote and the notification template **MISS**.

_____ notified of ____ specimen and the information was read back for verification on ____ (date/time) _____ by tech _____

(After filling in the blanks this is how it looks.)

SAMPLE

Dr. Jeff Warren was notified of **mislabeled/unlabeled** specimen and information was read back for verification on 11/23/02 2300 on by tech (Pathnet ID).

- If a clinician believes that the specimen should be considered a "Unique Specimen" the clinician must obtain the approval of the Clinical Pathology House Officer On-Call. The Clinical Pathology House Officer will notify the laboratory if testing of the specimen is approved.
- Cancel the test in the computer using the appropriate cancel reason
 - UL - Specimen Unlabeled; test will not be performed.
 - IM - Improper Specimen Identification

To Correct Specimen Labeling for Unique Specimens

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- Unacceptable specimens will not be returned to the patient care unit.
- The person responsible for the collection of the specimen must come to Central Distribution or the individual laboratory to identify the specimen, amend the information on the specimen container and sign the form describing the error.
- The person ordering the test will be paged.
- If there has been no response within 2 hours, the page will be repeated.
- If the physician has not yet responded, the test(s) will be performed and held in a pending status for a minimum of 24 hours.
- If the specimen remains unidentified, the test will be cancelled with a note documenting that date, time and the person notified or page.

Incomplete Information on the Laboratory Requisition

The laboratories will contact the ordering unit, clinic, or physician to obtain the complete information required if it is necessary to process the specimen (i.e., tests to be ordered, time and/or date of collection, ICD-9 code, location, specimen source, clinical information, etc.).

Transportation and Handling of Specimens

- Specimens will be collected, transported and handled in such a way that the substances or constituents of interest can be accurately measured. Improper transportation or storage may invalidate test results.
- Specimen transportation by pneumatic tube, by messenger (on-site) or courier service (off-site) must meet the guidelines listed in UMHHC Infection Control Policy VI-53c, "Body Substance Precautions Specimen Transport Guidelines."
- The directors of the individual clinical laboratories performing the test have published collection and handling guidelines for each test. The Pathology Handbook is available on-line and can be found on the Pathology home page.
- Specimens in syringes are unacceptable to the clinical laboratories unless specifically indicated in the specimen description in the Pathology Handbook (i.e. Cytogenetics will accept specimens in a syringe). The patient care unit submitting a sample in a syringe will be requested to submit a new specimen

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or to come to Central Distribution to transfer the specimen into an acceptable container.

- Cracked, damaged, or overturned specimen containers that are leaking when received constitute a biologic hazard and will be discarded. The patient care unit will be notified to submit a new specimen.
- Specimen transport guidelines may be found at:
<http://www.pathology.med.umich.edu/centraldistribution/routinespecimentransport.html>

Release of Patient Laboratory Data

Information Needed	Resource
Laboratory reports - UHMS patients	CareWeb as soon as the results are verified. Results for tests with secured results are available on CareWeb and through PRI on PathNet.
Technical information	Individual laboratories may be contacted concerning test procedures and interpretation of results.
Printed Reports	Test reports for inpatients are printed and sent to medical records three days post discharge. Test reports for outpatients are printed upon test completion and sent to the ordering location, with a copy to medical records.
If a computer terminal or patient record is unavailable	Central Distribution personnel will provide laboratory results over the telephone to patient care personnel who need to know the result in order to provide immediate patient care. The caller must identify themselves and provide <ul style="list-style-type: none">• the patient's CPI number and• patient's first and last name. Results for tests with secured results are available on CareWeb and through PRI on PathNet.

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Patient's or other requests for information	<ul style="list-style-type: none">• Laboratory personnel will not knowingly release laboratory results to patients over the telephone. If a caller is identified as a patient, he or she will be asked to request all laboratory information from the physician caring for him or her so that the results can be interpreted properly.• Patients and others requesting information should contact the Medical Correspondence Unit at 734-936-5490.
Critical or panic values	<ul style="list-style-type: none">• This UMHS policy is detailed elsewhere. Refer to policy 104 Critical Value Reporting.

EXHIBITS

- A. UMHHC Department of Pathology "Mislabelled or Unlabeled Specimen" labels
- B. Department of Pathology Occurrence Report
- C. Department of Pathology Specimen Rejection Form

REFERENCES

- MLabs policies:
1010.0 Standards for Identification and Transport of Specimens
1010.02 Standards for Release of Patient Health Information
UMHHC Policy 02-02-002 "Identification of Inpatients"
UMHHC Infection Control Policy VI-53c "Body Substance Precautions Specimen Transport Guidelines"
UMHHC Department of Pathology "Pathology Laboratories Handbook", 2004-2005.
JCAHO 2004 JCAHO National Patient Safety Goals" Practical Strategies and Helpful Solutions for Meeting these Goals. Patient Safety September 2003.
CAP Inspection General Laboratory Checklist, July 2003.

Approved by _____ Date _____

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Unlabeled Specimen

Notification: _____

Date: _____ Time: _____

Mislabeled Specimen

Correct Pt. Name _____

Reg. Number: _____

Changed By: _____

Date: _____ Time: _____ Dr #: _____

University Of Michigan Hospitals

Department of Pathology

OCCURRENCE REPORT FORM

(* Required Information)

Quality Assurance Document, Confidential, MCLA 333.21515,20175

Correct Patient Information

*Patient Name: _____

*CPI #: _(_ _ _ _) _ _ _ _ - _ _ - _

*Accn #: _ _ - _ - _ - _ - _ - _ - _

*Sex: M F

*Person Affected: Inpatient Outpatient Other: _____

*Injury Occurred?: No Yes *Equipment Involved: No

*Incident Date: _/ _/ _ _ _ _ *Incident Time: _ : _ _ Location: _____ Reported By: _____

*Specimen/Lab Test

- Adverse Reaction Incomplete Requisition Lost Specimen Transcription Issue
Delayed Critical Result Incorrect Label Quality Control Issue Unlabeled Specimen
Delayed Normal Result Incorrect Results Reagent/Supply Issue Wrong Patient
Destroyed Specimen Incorrect Specimen Result Validity Issue Wrong Test
Deviation from SOP Incorrectly Performed Test Results Posted to Wrong Patient Other: _____
ID/Specimen Mismatch Lost Results Tissue Trauma from Test

*Reported Contributing Factor

- Action by Other Heavy Workload Order Entry Error Transcription Error
Action by Patient Inexperienced Staff Order/Requisition Issue Transport of Specimen
Communication Failure Instrument Calibration Patient Identification Other: _____
Distraction Interference by Other Policy/Procedure Issue Not Applicable
Equipment/Supplies Faulty Lack of Supervision Reagent Problem
Equipment/Supplies Not Available Lack of/Inadequate Training Staffing Issue
Available Long Work Hours Teamwork Failure

*Immediate Action

- Consent Clarified Equipment/Supplies Reviewed Recollect Specimen Other: _____
Environment Reviewed Inform Staff Repeat Analysis Not Applicable
Equipment Left On for Physician Notified Repeat Specimen/Test
Investigation Policy/Procedure Reviewed Staff Reinstucted
Equipment Sequestered Recall Patient Supervisor Notified

Where in Process did Incident First Occur

- Administration Inventory Quality Control Specimen Collection Other: _____
Dispensing Ordering Reagent/Supplies Transcription

Suggestions for Avoiding Similar Incident in the Future: _____

*Brief Factual Description Nature of Injury

- No Injury Admission, Readmission, Infection Wound Deterioration
Additional Treatment Required Extended Stay Return to OR, Redo Other: _____

Comments and Additional Actions Taken (Date and initial all entries):

Director/Supervisor's Review: _____ Review Date: _/ _/ _ _ _ _
8/20/04 QA Review by _/ _/ _ _ Date: _/ _/ _ _ _ _ Risk Management Report # _____

**University of Michigan Medical Center
Cytopathology Department
Rm. 2F341
Specimen Rejection Form**

Return to:

Location:

Specimen(s) being returned:

Patient name: _____ reg# _____

Specimen(s): _____

Cytology request form(s): _____

Reason(s) for rejection:

- Specimen unlabeled
- No request form for specimen
- No specimen for request form
- Requisition and specimen do not match
 - Patient names
 - Registration numbers
 - Specimen types
- Improper specimen container
- Incorrect requisition form
- Requisition form incomplete:
 - No clinical history
 - No LMP
 - No specimen source
 - No doctor name and/or number
 - No patient/clinic location

Other _____

PLEASE CORRECT THE DEFICIENCY AND RESUBMIT THE SPECIMEN AND/OR REQUISITION THROUGH CENTRAL DISTRIBUTION (2F367) OR DIRECTLY TO CYTOPATHOLOGY (2F341).

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

Cytopathology: 936-6796 _____
8/20/04