

Pathology Labelling Requirements

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TARGET AUDIENCE AND SETTING

This procedure is applicable to all clinical staff that collect pathology specimens from inpatients and outpatients at Monash Health clinics.

PURPOSE

To ensure all pathology specimen labelling requirements are met

PRECAUTIONS/CONTRAINDICATIONS

It is mandatory each request form and accompanying specimen/s meet minimum labelling requirements, this is a laboratory accreditation and a National Standards requirement.

- Label the specimen tubes/containers immediately after the sample is collected in the presence of the patient
- The request form and specimen/s can be labelled with either a hospital identification label or handwritten details containing a minimum of three approved patient identifiers.
- Blood Bank request forms (MRL28) must be used for transfusion related testing including cord blood and maternal blood specimens.
- Use of open cord vessels for collection is unacceptable due to the risk of contamination from maternal blood and/or Wharton’s Jelly.
- Orders can be placed on request forms if EMR is unavailable.

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Version Changed: 13/05/2022	Document uncontrolled when downloaded.	Last Reviewed Date: 13/05/2022

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EQUIPMENT

- Pathology request forms/Blood Bank Request MRL28 form for transfusion testing for those areas using paper.
- Printed electronic order forms from EMR for Transfusion testing (blood group and antibody screen) and Histology.
- Patient identification labels/ printed Specimen Labels form EMR
- Specimen containers e.g. appropriate blood tubes, urine pots, Refer to Pathology Specimen Collection Handbook
- Specimen collection Biohazard bags/ sealed buckets.
- EMR workstation

STANDARD REQUIREMENTS

When undertaking any clinical interaction with a patient, staff are expected to;

- Perform routine hand hygiene. Refer to the [Hand Hygiene Procedure](#).
- Introduce themselves to the Patient and Carer/ Family if in attendance
- Check patient identification. Refer to the [Patient Identification Procedure](#).
- Obtain consent as per the [Consent to Medical Treatment Procedure](#).
- Keep the patient/carer informed and involve them in decision making.
- Document interaction in the electronic medical record or health record using black pen; including date, time, signature and designation.

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Pathology Labelling Requirements

Information Required	Request Form/ Electronic Order	Specimen	Comment
Patient Identification <i>Minimum 3 Identifiers</i>	Mandatory* (concordant)	Mandatory* (concordant)	<ul style="list-style-type: none"> Monash Health Unit record number (UR) Date of birth Family and given name (As per Medicare card) Newborns (yet to be named) use 'Baby/Twin1/Twin2 of mothers full name (Family & Given)
Gender	Mandatory* (concordant)	Mandatory# (concordant)	<ul style="list-style-type: none"> For Cord Blood specimens #
Location: Clinic/Ward	Mandatory		
Requesting Practitioner details	Mandatory		<ul style="list-style-type: none"> Full name Provider number OR practice location
Copy doctor details	If indicated		<ul style="list-style-type: none"> Full name Provider number OR practice location
Urgent	If indicated		
Precious/irreplaceable	If indicated		
Clinical notes	Mandatory		For all testing including: <ul style="list-style-type: none"> Transfusion requests :Clinical indications/transfusion history drug therapy coagulation medication Blood pressure for all ECG's Pregnancy status
Tests requested	Mandatory		
Doctor requesting test/s	Mandatory		<ul style="list-style-type: none"> Printed surname Request date Contact details (phone/pager number)
Specimen type	Mandatory	Mandatory (Non-blood specimens)	Mandatory for non-blood specimens: e.g. Anatomical site for tissue/swab/fluids/urine
Collector's signature and name	Mandatory* (concordant)	Mandatory* (concordant)	Signature/signed Initials. All Request form orders Electronic Orders: Transfusion testing
Collection time & full date	Mandatory^ (concordant)	Mandatory^ (concordant)	All Request form orders Electronic Orders: Transfusion testing Date: dd/mm/yy
* Mandatory upon receipt in laboratory. Details must be concordant on request form AND specimen. # Mandatory upon receipt in laboratory for cord blood specimens. Details must be concordant on request form AND specimen. ^ Transfusion testing: Mandatory upon receipt in laboratory. Details must be concordant on request form AND specimen.			

Pathology Labelling Requirements

Minimum labelling requirements not met

- If specimens or request forms do not meet the minimum labelling requirements testing will not be performed. The ward or collector will be contacted by telephone. A comment detailing the problem will be entered into the patient record in the pathology computer system.
- Correct labelling of specimens is mandatory for transfusion related testing. If criteria are not met upon receipt in laboratory, the specimen will not be processed. In that case, a new request form must be completed and a new specimen collected. In emergency situations, group O red cells will be issued.
- Irreplaceable specimens, excluding transfusion-related specimens, may be processed at the discretion of the Director of Pathology or their delegate. The specimen collector will be required to attend Pathology to:
 - Complete the mandatory requirements and/or
 - Confirm the patient identification for that specimen and complete the supplied "Acceptance of Responsibility" declaration.
- Opportunity will be given for completion of other crucial information e.g. clinical notes; tests requested or requesting practitioner's provider number or practice location. The doctor will be contacted and may be required to attend Pathology and complete the required information. Testing will be delayed in these circumstances.

PROCEDURE

The collector must:

1. Take the request form/Workstation on wheels to the patient.
2. a) Check the patient identification band and confirm the three approved patient identifiers exactly match the patient information on the request form or Banner Bar on Workstation. If possible also confirm above details by direct questioning. If patient identification band is not available above details must be confirmed by direct questioning.

Refer to the Patient Identification Procedure.

- b) For electronic orders scan the wristband to complete the positive patient identification.
3. If any of the patient details do not exactly match do not proceed with the specimen collection.
4. Collect the specimen/s, if blood specimens as per the correct order of draw. Refer to Prompt document Blood Collection order of draw for tubes and bottles / Blood Tube Guide & Order of Draw Reference Chart
5. Before leaving the patient
 - (a) Label specimen tubes/containers. Include:
 - Patient identification details
 - Collector's signature (full signature or signed initials) Signature must be concordant on request form and specimens with request form orders and transfusion testing electronic orders
 - Collection date and time. Date/time must be concordant on request form and specimens with request form orders and transfusion testing electronic orders
 - Specimen type (non-blood)

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- (b) Electronic Orders: Scan barcode on the specimen label to mark as 'collected'.
 - (c) Request form and Printed Electronic Order Form (Transfusion and Histology Testing) collections: Sign the collector's declaration (full signature or signed initials), print surname and record collection date and time on the request form if. Signature/date/time must be concordant on request form/ Printed Electronic Order Form and specimens.
6. Confirm the three approved patient identifiers match the patient identification band, the request form/electronic order and the specimen label.
 7. Specimen packaging
 - 7.1 Place specimens in secondary leak-proof packaging (e.g. biohazard bags/buckets for fluids in drainage bags).
 - 7.2 Separate packaging is required for each patient.
 - 7.3 Request and printed Electronic Order Form (Transfusion and Histology testing only) need to accompany specimens and must be accessible without opening the secondary packaging.
 8. Urgent Testing
 - 8.1 Use red specimen collection biohazard bags (blue bags at Casey hospital Emergency).
 - 8.2 Contact the laboratory concerned and speak with a Senior Scientist or Pathologist. Direct communication greatly assists with prioritisation of testing.
 9. For Downtime follow Downtime Procedures Protocols

RELATED DOCUMENTATION

[Patient Identification](#)

[The ABCD of sample collection](#)

[Venepuncture and blood specimen collection](#)

[Specimen Label Printer \(QLN220 and ZD410\) and Scanner Calibration \(EMR QRG\)](#)

KEY STANDARDS, GUIDELINES OR LEGISLATION

National Safety and Quality Health Service Standards 2nd Edition (2021 update)

ISO 15189 – 2013 Medical Laboratories – Requirements for quality and competence

NATA General Accreditation Criteria ISO 15189 Standard Application Document (June 2021)


NPAAC Requirements for Medical Pathology Services (2018)

ANZBST Guidelines for Transfusion and Immunohaematology Laboratory Practice (January 2020)

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APPENDIX 1 – EXAMPLES OF REQUEST FORM REQUIREMENTS



MonashPathology
MonashHealth (APA)

Pathology Request Form

Telephone 03 9594 4538 Facsimile 03 9594 6619

Laboratory use only

Minimum three approved patient identifiers
- UR number/Full name/DOB

Clinic/ Ward

Requesting doctor's, full name and provider number or practice location/address
• JMO use consultant's details

Relevant Clinical details

Test/s Requested

Specimen type/s

Medical Officer's details:
- Name
- Request date
- Contact number

Copy to doctor's details, if applicable

Specimen status, if applicable

Collector's declaration
- Signature
- Surname
- Collection date/ time

PATIENT DETAILS UR 9 9 9 9 9 9

SURNAME: **TESTING**

GIVEN NAMES: **Fred Lee**

DOB: **21 / 01 / 1901** WARD: **325** GENDER: **M**

ADDRESS: **246 Clayton Road
Clayton, Victoria. 3168**

Patient status at the time of the service or when the specimen was collected.

a) private patient in a private hospital or approved day hospital facility	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b) a private patient in a recognised hospital	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c) a public patient in a recognised hospital	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
d) an outpatient of a recognised hospital	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Medicare number: **1 2 3 4 5 6 7 8 9 0 5** Expiry date: **09/14**

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable services as established as necessary by the practitioner.

Requester's signature: *[Signature]* Date: **1 / 2 / 14**

REQUESTING PRACTITIONER

Provider number: **1234567X**

SURNAME & FIRST NAME: **CITIZEN, John**

ADDRESS: **135 David St. Dandenong
Victoria 3175**

COPY TO

Provider number: **0123456Y**

SURNAME & FIRST NAME: **DOE, Jane**

ADDRESS: **140-154 Sladen St.
Cranbourne Vic, 3977**

Urgent - contact laboratory to prioritise Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:

CLINICAL DETAILS

Post-surgery
Syncope, emesis

Fasting: OCP: HRT: Pregnant: Gestation: Medication: Dosage: Time: Histopathology - list previous biopsies including laboratory numbers

TESTS REQUESTED

FBE, CRP, UEC

Paediatric samples - list tests in order of priority.

ANTIBIOTIC: Spot Dose: mg Frequency: daily BD Other START administration hour FINISH administration hour FIRST SAMPLE/SPOT hour SECOND SAMPLE hour

Doctor's NAME (print): **CITIZEN** Sign: *[Signature]* Date: **1/2/14** Pager: **123** Phone: **x43757** Fax:

SPECIMEN TYPE: BLOOD URINE OTHER

I certify that I collected the specimen accompanying this request from the stated patient whose details I confirmed by direct inquiry and/or examination of their ID wristband and I labelled the specimen immediately after collection in the presence of the patient.

SIGNED: *[Signature]* Print SURNAME: **Molivi**
Date: **1 / 2 / 2014** Time: **1306** hour

Your treating practitioner has recommended that you use Monash Pathology. You are free to choose your own pathology provider. However, if your treating practitioner has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your treating practitioner.

Red = Mandatory fields Purple = Other fields required, if applicable

Pathology Labelling Requirements

APPENDIX 2 EXAMPLES OF PATHOLOGY LABELLING REQUIREMENTS




PATIENT 7862225

SURNAME GALORE TEST, Chocolate
 246 Clayton Road Clayton 3168 20/01/1985 Female
 Ph: 7777 8888 Mob: 0403 314 393
DOB 20/01/1985
ADDRESS Armenian Apostolic Church
 GP: Dr Jim Casey
 M/C N/A EXP: / /

REQUESTING PRACTITIONER
 Provider number:
 SURNAME & FIRST NAME:
 ADDRESS:

Urgent – contact laboratory to prioritise. Precious/replaceable specimen requires

CLINICAL DETAILS
 Post Surgery
 ? UTI

TESTS REQUESTED
 FBE UEC UMC

Paediatric samples- list tests in order of priority.
 ANTIBIOTIC: Spot
 Dose: mg
 Frequency: daily BD Other
 START administration hour
 FINISH administration hour
 FIRST SAMPLE/SPOT hour
 SECOND SAMPLE hour

Doctor's NAME (print) CITIZEN, JOHN Sign *J. Citizen* Date 8/7/19 Pager 12345 Phone 9541235 Fax

SPECIMEN TYPE: BLOOD URINE OTHER

I certify that I collected the specimen accompanying this request from the stated patient whose details I confirmed by direct inquiry and/or examination of their ID wristband and I labelled the specimen immediately after collection in the presence of the patient.

SIGNED: *JM* Print SURNAME: MASON
 Date: 8/7/19 Time: 11:30 hour

Your treating practitioner has recommended that you use Monash Pathology. You are free to choose your own pathology provider. However, if your treating practitioner has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your treating practitioner.

Pathology Labelling Requirements



Signature used on ALL specimen labels and request for



Signed Initials used on ALL specimen labels and request form



Details must be concordant with request form. Signed initials must be used on ALL labels and request forms **OR** a signature must be used on ALL labels and request forms

Pathology Labelling Requirements

Document Governance	
Supporting Policy	Safe and Effective Person Centred Care (Strategic)
Executive Sponsor	Karen Lowe Executive Director People and Culture
Service Responsible	Pathology Services
Document Author	Sean Phefley Quality Systems Manager Pathology
Consumer Review Yes or No	Yes, 22/03/22
This Procedure has been endorsed by an EMR Subject Matter Expert (SME)	This Procedure is linked to an Order Set in EMR. Contact EMR when revising.