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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

DEFINITIONS (optional)

Nil

PRECAUTIONS/CONTRAINDICATIONS (not required for non-clinical documents)

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.

EQUIPMENT (optional)

- Pathology request forms/Blood Bank Request MRL28 form for transfusion testing.
- Printed electronic order forms for Transfusion testing (blood group and antibody screen) and Histology.
- Patient identification labels
- 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

It is expected that staff are familiar with the relevant procedures and know when to undertake each step.

- Introduce yourself, discuss the procedure with the patient and obtain consent.
- Check patient identification. Refer to the Patient Identification procedure.
- Perform routine hand hygiene. Refer to the Hand Hygiene procedure.

Document in the health record/specific MR form [select one location] using black pen, include the date, time, signature, printed name and designation

Request form/electronic order and specimen label requirements

Information Required	Request Form/ Electronic Order	Specimen	Comment
Patient Identification *Minimum 3 Identifiers*	Mandatory* (concordant)	Mandatory* (concordant)	• 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)	• For Cord Blood specimens #
Location: Clinic/Ward	Mandatory		
Requesting Practitioner details	Mandatory		• Full name • Provider number OR practice location
Copy doctor details	If indicated		• Full name • Provider number OR practice location
Urgent	If indicated		
Precious/irreplaceable	If indicated		
Clinical notes	Mandatory		For all testing including: • 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		• 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.

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)

(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.

RELATED DOCUMENTATION

Patient Identification

The ABCD of sample collection

Venepuncture and blood specimen collection

BACKGROUND (optional)

Relevant information not included in the procedure section.

KEY STANDARDS, GUIDELINES OR LEGISLATION (optional)

National Safety and Quality Health Service Standards 2nd Edition (2017)

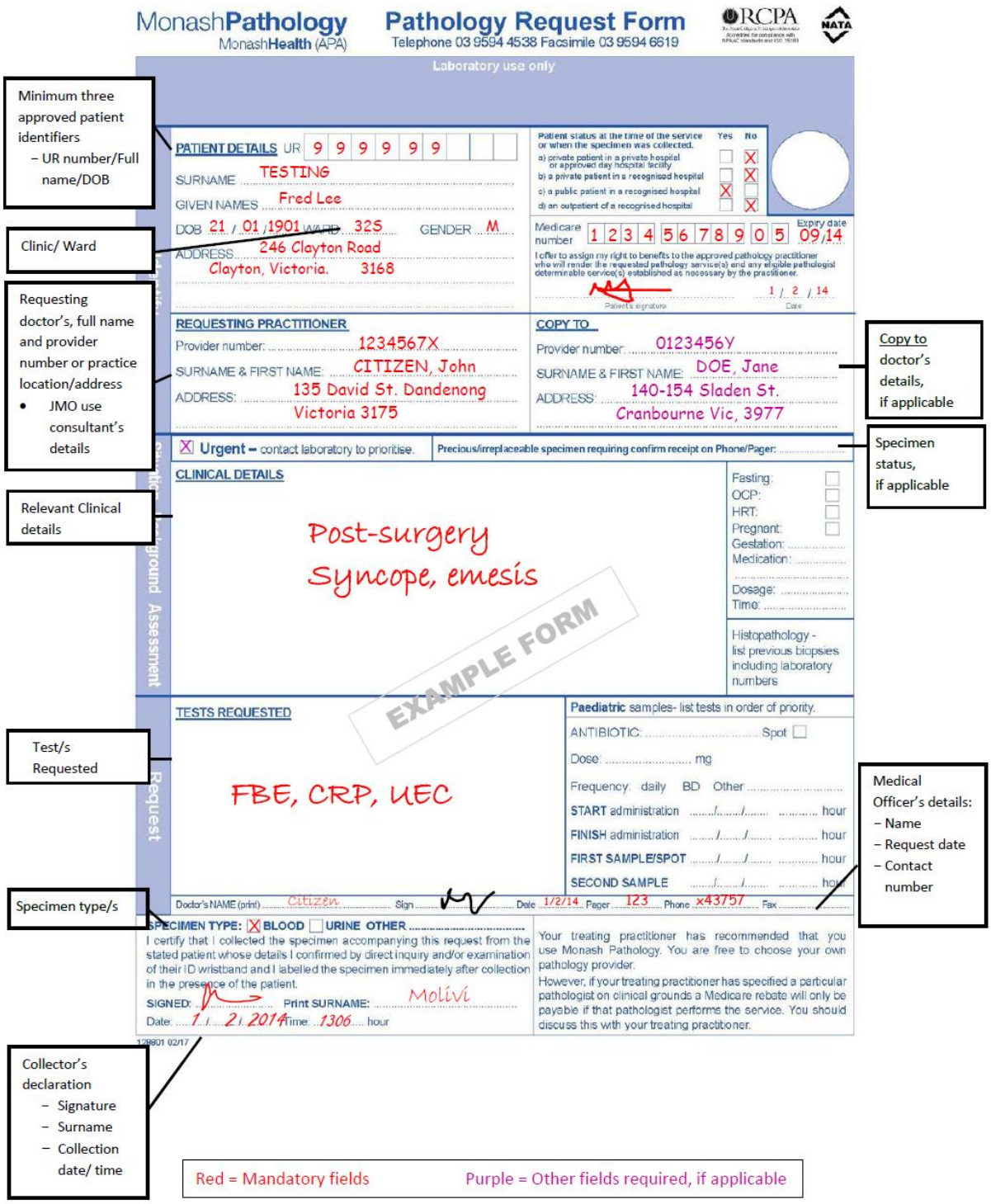
ISO 15189 – 2012 Medical Laboratories – Requirements for quality and competence

NATA General Accreditation Criteria ISO 15189 Standard Application Document (July 2019)

NPAAC Requirements for Medical Pathology Services (2018)

REFERENCES (optional)

Appendix 1 – Examples of request form requirements



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

Blood Products required including quantity

Information required if blood products are requested

Special Requirements, if applicable

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

MonashPathology
MonashHealth
Monash Health APA 246 Clayton Road Clayton 3168
BLOOD BANK REQUEST
A/2486

PATIENT DETAILS:
UR 999999
Surname TESTING
Given names Fred Lee
Address 246 Clayton Road
Clayton, VICTORIA 3168
Ward / Clinic MED
Date of Birth 21/01/1901 Gender M

Medicare number 1 2 3 4 5 6 7 8 9 0 5
Medicare benefits (section 20A Health Insurance Act 1973) By this declaration I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s)
Patient's signature ..... DATE 9/14

Practitioners use only:
reason patient cannot sign

REQUESTING DOCTOR (Name, address and provider number)
Surname & Initials: CITIZEN, J Provider No. 1234567X
Address: 135 David St. Dandenong
Victoria. 3175 Pager# 123
Signature: Date 1/ 2 / 14
Extra report to: DOE, J 0123456Y 140 Sladen St Cranbourne

PATIENT STATUS at time of service or specimen collection

	Yes	No
Private patient in a private hospital or approved day hospital facility	☐	☒
A Medicare (public) patient in a recognised hospital	☒	☐
Private patient in a recognised hospital	☐	☒
Outpatient in a recognised hospital	☐	☒

CLINICAL NOTES
Diagnosis
Reason for transfusion Low haemoglobin
Haemoglobin
Relevant medical history Post surgery

Blood group (if known) ABO AB Rh D neg
Antibodies Yes/No/UNK
Previous transfusions Yes/No/UNK
Any reactions Yes/No/UNK
Currently pregnant Yes/No/UNK
Previous pregnancies Yes/No/UNK

TESTS REQUESTED

BLOOD COMPONENTS OR PRODUCTS REQUIRED
Date required 02/02/2014
Time required 0900
Site Clayton
Red Cells 2 units
Platelets ____ units
FFP ____ units
Other ____

SPECIAL REQUIREMENTS Yes/ No
CMV seronegative
Warmed
Washed
Irradiated
Reason required .....

SPECIMEN COLLECTION (See reverse for labelling requirements)
The person whose signature appears below, and on the sample label, is solely responsible for the correct identification of the patient and the collection and labelling of the blood sample.
I certify that I collected the sample accompanying this request from the stated patient whose details I confirmed by direct inquiry and/or examination of their ID wristband and labelled the sample immediately after collection in the presence of the patient.
SIGNED Print SURNAME: Molivi
DATE 1/ 2 / 14 TIME 2215 Hour COLLECTION CENTRE MED

FOR LABORATORY USE ONLY — BLOOD GROUP RESULT

BLOOD GROUPING	Antisera A	Antisera B	Antisera Rh(D)	Cells A1	Cells B	ABO	Rh(D)	Signature / Date

COMPATIBILITY/PRODUCT — TRANSFUSION RECORD

Donation Number	Product	Donor blood group	Crossmatch Sal	Crossmatch IAT	Signature	Date	Signature 1	Signature 2	Date / Time
SCI							Antibody Specificity		
SCII							Special Instructions		
SCIII							Blood Reserved Until	2359	

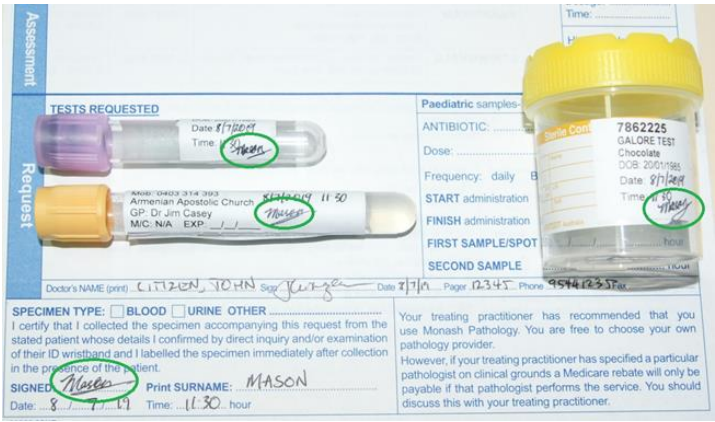
BLOOD BANK REQUEST
MRL28
MRL28 02/17

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

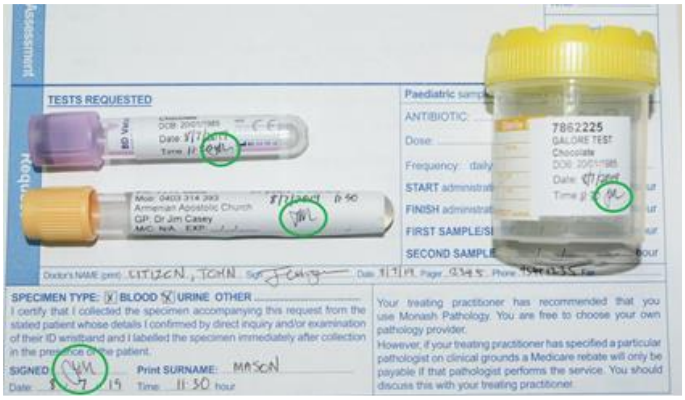
Appendix 2 Examples of Pathology labelling requirements

Confirm details on request form and all specimens match patient identification band

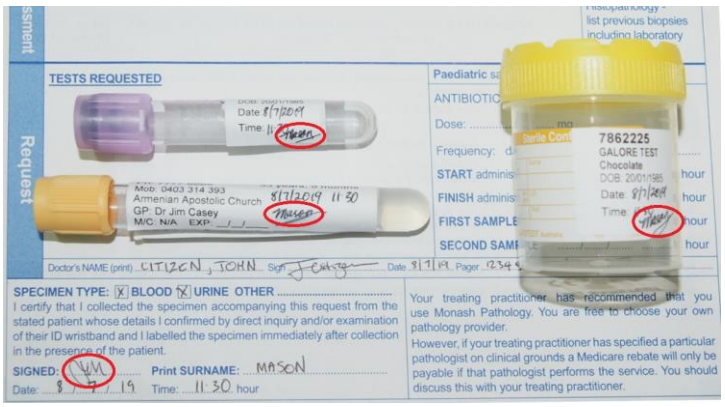
Signature used on ALL specimen labels and request forms



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



KEYWORDS

Pathology specimen labelling patient identification tests

Document Governance	
Supporting Policy	Safe and Effective Person Centred Care (Strategic)
Executive Sponsor	Executive Director, People and Culture
Service	Pathology Services
Document Author	Quality Systems Manager, Pathology