Pathology Specimens and Request form Labelling Policy

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AMENDMENT HISTORY

Amendment		Amendment detail *(Include page numbers and/or section headings where the changes have occurred)*
Issue No.	Date	
		For versions previous to version 5.3, see retained copies on QWB
5.3	28.09.2017	Inclusion of instruction for recording the identity of the sample collector. Removal of "mammography number". Inclusion of statement regarding the importance of Location
5.4	19.06.2020	Change to Transfusion section – Date and Time are minimum requirements for the tube, but optional (preferable) on the form. Addition of pictures of correctly and incorrectly labelled tubes. Removal of Cytopathology/Gynae samples. Alignment of data names shown in this policy with the box names on the request forms.
6.0	07.06.2021	Introduction of Section 1, Policy Compliance Page. Label pictures prioritised towards the front of the policy Amendment to Transfusion section; some fields in the minimum data have been moved to 'additional information required', to align with laboratory practice. Alterations on the form must be signed (removal of printed name). Alterations on the specimen are not accepted.
7	05.02.2024	Minor change of wording to Neonates section – to clarify Twin1, Twin2 may be needed where address is the same.

Section 1: Policy Compliance

This policy sets out the principles for the adequate identification of Pathology specimens and request forms in order for them to be accepted for analysis.

Patient Identification procedures must be followed.

The labelling of samples must take place whilst with the patient, as part of one uninterrupted process, staying with the patient from patient identification until sample collection and labelling is complete.

Blood Tubes and other sample tubes must be checked to see that they are still within their expiry date.

Samples and request forms must contain matching information, be sent to the Pathology Department together and contain at least the minimum data set as set out in this policy.

All labels (printed and handwritten) must be fully legible, with no blurring.

Printed labels must be correctly aligned in the printer, to ensure that all information can be seen clearly on the label.

All Transfusion sample labels must be handwritten

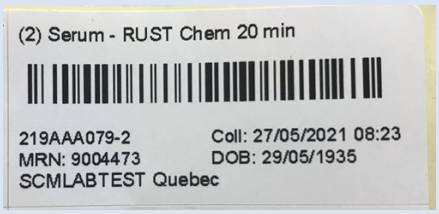
Specimens will be rejected if they do not comply with this policy. This includes (but is not limited to): the following scenarios:

- **Any printed labels or forms that have not printed clearly, that have missing information, or where the text has not been aligned on the label correctly – *see page 3***
- **Any handwritten labels or forms that are not legible**
- **Specimens labels that are not correctly positioned on the blood tube – *see page 3***
- **Specimen labels and handwritten forms that do not comply with the minimum data set that is specified in this policy – *see pages 4 for Transfusion and blood grouping samples and page 5 for all other samples.***

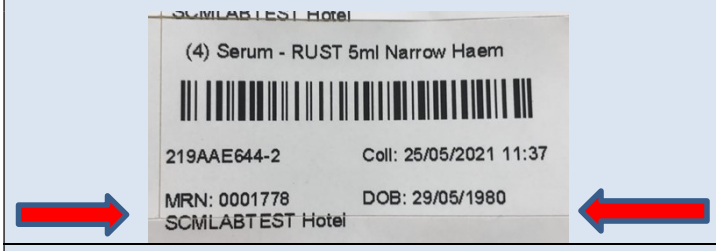
If specimens which do not conform to this policy are considered unrepeatable (i.e. all cellular pathology specimens and others where a repeat specimen is not practical)**, there will be discussion with the clinician on an individual basis.**

Section 2: The Use of Printed Labels (for non-Transfusion Samples)

Alignment of Label Text



Text is centred correctly on the label.



Incorrect.

Some of the text has missed the label

How to position a label on a tube

Correct.

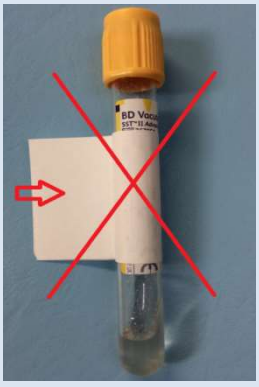
Full contents of tube can still be seen.
3 x 5 cm label

The label is entirely located on the main section of the tube

Incorrect.

Positioned wrongly.
Excess label on tube.

Not compatible with analysers.



Incorrect.

Position of label blocks view of the content and fill level.

Incorrect.

Label too large and is overlapping on to the lid and/or underneath the tube.
Not compatible with Pathology analysers.

Section 3: Label and Form Content Requirements

TRANSFUSION AND BLOOD GROUPING REQUESTS

The **MINIMUM DATA SET** for all Transfusion samples including Group and Save / Crossmatch to be accepted is:

Data Required	*Specimen*	*Form*
Surname	Yes	Yes
First Name(s) NO shortened names or nicknames	Yes	Yes
NHS or MRN or Major Incident number	Yes	Yes
Date of Birth Not age	Yes	Yes
Date and Time of sample collection	Yes	Should but not essential
Signature of person taking the blood	Yes	Yes

NOTE:

1. These minimum data must be accurate.
2. Printed labels are **NOT** acceptable on specimens, but are desirable on request forms.
3. Specimens or forms where patient data has been crossed out or altered will not be accepted.
4. **Unlabelled, wrongly labelled or inadequately labelled specimens/forms will not be accepted. No specimen is considered unrepeatable**

ADDITIONAL INFORMATION required by the laboratory for the test to be processed effectively is:

Data Required	*Specimen*	*Form*
Requesting Consultant/GP	No	Yes
Bleep no. of clinician requesting the test		Yes
Patient Location		Yes
Tests Required / Blood Components Required		Yes
Clinical Details/Reason for Transfusion		Yes
Type and quantity of blood components/products		Yes
Any Special Requirements - e.g. irradiated blood		Yes
Date and time components/products required		Yes
Previous obstetric and transfusion history		Yes
Address for copies of report if different from above		Yes
Patient's Home Address		Yes

Chemical Pathology, Haematology,(non-Transfusion) Microbiology, and Cellular Pathology (previously Histology/Cytology)

The **MINIMUM DATA SET** required for a sample to be accepted in to the Pathology departments named above is:

Data Required	*Specimen*	*Form*
Surname	Yes	Yes
First Names(s) Avoid the use of shortened names or nicknames	Yes	Yes
NHS number or MRN or Major Incident Number **OR** **Date of Birth** Not age *and* **current residential address**	Yes OR Yes (D.O.B) No (address)	Yes OR Yes (D.O.B) Yes (address)
Rules on pages 6-7 regarding the use of pre-printed labels, correction of errors and test specific information must also be followed.		

NOTE: Any alterations on the specimen label will not be accepted. Alterations to any of the minimum data set on the form must be signed. Where there is more than one alteration, a *reason* must also be given. Correction fluid is not acceptable.

ADDITIONAL INFORMATION required by the laboratory, where the design of the form allows, for the test to be processed effectively is shown below. If missing, the laboratory may need to make contact to establish these details that they require. **Information such as date /time of sample taken and patient location have a potential impact on patient care.**

Data Required	*Specimen*	*Form*
Date sample taken (collection date)	Yes	Yes
Time sample taken (collection time)	Yes	Yes
Pre-printed (non-Sunrise) labels should be signed/initialled to confirm identification details.	Yes	n/a
Requester name	No	Yes
Patient Location e.g. Ward/Department		Yes
Tests Requested		Yes
Clinical/treatment details relevant to the tests requested		Yes
Address for report if different from Patient Location		Yes
Name and Signature of sample taker		Yes
Patient's home address		Yes
Where GP OOH service is to be contacted with the results, a current patient telephone number is required.		Yes
Site identification; for Cellular Pathology (Histology and non-Gynae Cytology) samples.	Yes	Yes
Microbiology non-blood samples: **Site identification**	No	Yes

Chemical Pathology, Haematology (non-Transfusion), Microbiology and Cellular Pathology continued...

Further Information

Correction of Errors

Specimens or forms where correction fluid has been used to alter patient identification details will be rejected.
If patient identification data has been crossed out or altered on the specimen, the request will be rejected.
If patient identification data has been crossed out or altered on the request form, the request will be accepted only if the alteration is initialled.
If there is more than one alteration, the request will only be accepted if the *reason* for the alterations is documented on the request form, and signed.

Use of Pre-Printed Labels (non-Sunrise labels)

Printed labels are acceptable on all samples and forms (with the exception of transfusion and blood grouping requests), provided they meet the following guidelines:

- Section 2 (page 3) of this policy must be complied with.
- Maximum label size must be: 5.0 cm x 3.0 cm.
- Labels on tubes and forms must ensure that the minimum data requirements stated in this policy are met.
- Pre-printed (non-Sunrise) labels on the sample should be signed / initialled to confirm identification details.
- Font size must be chosen to allow the required information to fit on the label and remain legible (no smaller than font 7).

Printing of Reports

Reports are available electronically. Reports are printed only where a requesting location has asked to continue to receive paper reports.
The laboratory will not print reports if a location has not been provided.

ADDITIONAL DEPARTMENT OR TEST SPECIFIC INFORMATION

As stated in the table on page 5:

HISTOLOGY & NON-GYNAE - CYTOLOGY (Celluar Pathology)	specimens also require type / site identification on the specimen container and request form.
MICROBIOLOGY -	specimens (other than blood) also require type / site identification on the specimen container.

MYCOBACTERIUM OR HIV TESTING

PLEASE NOTE - Unlabelled, wrongly labelled or inadequately labelled specimens for Mycobacterium or HIV testing will never be accepted.

NEONATAL BLOOD SPECIMENS

FOR THESE SPECIMENS ONLY - Where a Forename has not been given, and dates of birth may be very similar, only specimens labelled with correct MRN and Surname will be accepted. Wherever possible an additional identifier must be given (e.g. address, or twin 1/twin 2 where the address is the same).

DOWNS SCREENING SAMPLES

FOR BOTH SAMPLE **AND** FORM: Surname, Forename, NHS/MRN no. AND D.O.B are all required on these samples which are sent away to another laboratory.

SPECIMENS FROM UNIDENTIFIED (UNKNOWN) PATIENTS

FOR THESE SPECIMENS ONLY - specimens must be identified with at least the MRN or MI (major incident) number, gender and approximate age of the patient.
(MI number is still used for neonates and if there is a major IT system failure.)
Anything less than this will not be accepted.
Pre-printed labels should be signed. Note that in TRANSFUSION, printed labels are **NOT** acceptable on Transfusion samples at all.

ANONYMISED PATIENT SPECIMENS e.g. GUM, HIV, etc.

FOR THESE PATIENTS ONLY - specimens identified by a unique number and D.O.B alone will be accepted.