

BASSETT MEDICAL CENTER POLICY		DEPARTMENT (S): ALL	REVISION: #10-2021	POLICY #: 86-CL 4.40-MSP
SPONSORED BY: Scott Bonderoff, Vice President, Clinical Support Services	PREPARED BY: N. Sheldon, Supervisor, Business Operations- Laboratory	APPROVED BY: Medical Board 07/19/2021	DATE ISSUED: 1/5/2010	EFFECTIVE DATE: 07/19/2021
TITLE: Specimen Labeling				PAGE #: 1 of 5

KEY WORDS

1. Specimen
2. Lab
3. Labeling

A. GENERAL POLICY STATEMENT

This policy sets forth requirements for specimens collected for laboratory testing to assure accurate identification of patient samples and to comply with laboratory regulations.

B. SCOPE

This policy applies to all Bassett Medical Center (Bassett).

C. ACCOUNTABILITY

The Vice President (VP), Clinical Support Services will be responsible for the administration of this policy.

D. POLICY ELEMENTS

1. All hospital and clinic staff members are responsible for verifying that all specimens collected comply with this policy. Upon physician request, any specimen not in compliance with this policy will be referred to the Clinical Director or the pathologist on conference rotation to make a final determination of the acceptability.
2. Specimen Containers: Prior to any collection, ensure that the supplies and containers that are being used for the collection are within the expiration date provided by the manufacturer. Any item that has reached or exceeded the expiration date provided must be discarded and replaced.
3. Patient Identification: Prior to the collection of any laboratory specimen, proper patient identification must be made. (71 - CL Patient Identification) [Patient Identification \(71-CL\)](#)
 - a. All inpatients must be wearing a barcode generated identification band that must include their first and last name and medical record number (MRN) before any specimen is collected. The MRN should be a minimum of six digits that may start with a zero. The person collecting the specimen or performing the test must complete the 8 critical elements of patient identification and labeling:
 - 1) Use full name and date of birth (DOB).
 - 2) Request patient/family state full name and DOB.
 - 3) Compare patient/family statement to source document(s).
 - 4) Include family if patient unable to participate.

- 5) Simultaneous but independent verification by two staff members when required.
 - 6) Scan the patient wristband to positively identify the patient prior to printing specimen labels.
 - 7) Do not use location as an element of identification.
 - 8) Resolve all discrepancies identified with the wristband and patient identification prior to specimen collection.
- b. For all outpatients, the patient or their proxy will be asked to state their full first and last name and DOB. This information will be compared to the test order/requisition, laboratory specimen labels or the scheduling system registration labels. The specimen is not collected if there is a discrepancy identified. The discrepancy must be resolved with the clinic staff before specimen collection.
- c. For all outpatients, when collecting a Blood Bank specimen, a second person must verify identification of the patient and document the information in the required collection question prior to printing a specimen label. If there is no other employee to verify the patient identification, the patient can be the second person. This is done by entering the phlebotomists name in the second person verification field with a comment that the patient was the second person that verified identity of the patient. Once the specimen is collected, the specimen is labeled in the presence of the patient with a Beaker lab label and scanned into collection.
- d. When an outpatient is a Pre-op scheduled to have surgery within 30 days or receive a transfusion of blood or blood products within 3 days, the outpatient must also be wrist banded or have signed a Patient Identification Card at the time of specimen collection with necessary information. The patient must be positively identified and verified prior to the patient being wrist banded or signing a Patient Identification Card verifying their name and date of birth. The Patient Identification Card accompanies the properly labeled specimen to the appropriate Transfusion Service.
- d. If the identity of the patient is unknown at the time the patient presents (Patient Identification policy 71-CL), patients labeled in accordance with that policy will be considered properly labeled.
- e. Any specimen, other than a Blood Bank specimen, collected outside of Bassett (ex. specimen from a nursing home or outside provider office) may be labeled using the complete patient name and DOB as identification. The identification on the specimen and on the accompanying lab order must be correct and must match. Any discrepancy will lead to rejection of the specimen.

Note: If a Blood Bank specimen needs to be collected and the patient is new to the Bassett system, the collecting location must first obtain a Bassett MRN and specimen must be hand labeled after collection.

4. Specimen Labeling

- a. Specimen labels must bear the following information and must be legible:

- 1) Patient's first and last name, properly spelled.
- 2) Patient's MRN [unless the specimen is from a patient outside Bassett System).

Note: If the MRN is unavailable at the time of collection, the Date of Birth (DOB) (month-day-year) is required. For Blood Bank specimen labeling, if the patient is new to the Bassett a Bassett MRN is required prior to collection.

- 3) Date and time of specimen collection.
- 4) Initials of person collecting specimen.

- b. Label all specimens in the presence of the patient.

- c. For the inpatient, labels are barcode generated by the patient's bedside only by the person collecting the specimen after electronic patient verification.

Note: Hand labeling of all lab specimens is required during system downtime only after proper patient identification. See section 7.

- d. If you are using a wireless printer and the printer is not working, call the Help Desk at 4750 to log a ticket for repair. Locate another wireless printer. If you are unable to locate another wireless printer, as an emergency backup, you can use a melon printer that is close in proximity. Retrieve labels immediately and bring back to the patient's room prior to collection.

- e. For the outpatient, labels are barcode generated after proper patient identification and second person verification required for blood bank specimens.

- f. After a specimen has been collected, the specimen must be labeled immediately using the barcode generated label at the patient's side by the individual who collected the specimen. No one is permitted to label specimens with labels obtained by another individual. See Section 5a for instructions on placing labels on specimen containers.

- g. At the patient's side, after the specimen has been labeled, the specimen must be scanned electronically in the collection view of the patient's electronic medical record, matching patient information to label being scanned. This process also enters required collection information necessary to complete the collection task.

- h. See section 6 for specimen labeling if barcode scanners cannot read a patient wristband or specimen label.

- i. When a patient is given a specimen container and asked to collect the specimen at home, the container should be properly labeled at the time it is given to the patient. The label must include the patient's full name, MRN, and DOB. This will ensure that the specimen is properly labeled when it is returned. A registration label should be used if available.

5. Proper positioning of a Barcode label:

- a. A barcode label should be placed lengthwise over the manufacturer's label to permit visual inspection of the specimen and should be oriented on the tube with the name near the stopper. The label must not extend over the cap or the end of the tube.
- b. If there is more than one label for the specimen collected, place the correct container label on the specimen and any additional labels in the bag with the specimen.

Note: It is important to send all labels so the lab knows what testing needs to be completed.

- c. If a label is to be affixed over the original label, care must be taken to ensure that the information on the container label is verified against the original label. The new label must have the same information as in step 4(a) above, as well as the initials of the person affixing the new label. The patient name and MRN on the original label must be left visible. See Special Specimen Types for additional information.

6. If a barcode scanner is not working and unable to read a patient wristband or specimen label barcode a reason must be entered at the time to complete the print label and collection task.

- a. If a collector is unable to scan patient wristband and has to override the patient wristband scan prompt at any time:
 - 1) All Lab specimens: Hand label from patient's wristband with patient's full first and last name, Medical Record Number (MRN), date, time and initials of person collecting specimen. DO NOT USE BEAKER LABEL ON SPECIMEN. Complete electronic collection by scanning printed label if possible. Call Lab and Help Desk prior to sending to the lab. Send Beaker Label with specimen.

Note: If there is an issue with the wristband, it must be replaced promptly.

- b. If you are able to scan patient wristband, but unable to scan labeled specimen and have to override the specimen scan prompt:
 - 1) All lab specimens: Collector must date, time and initial the Beaker label that has been affixed to the specimen after collection. A second person must verify specimen label matches patient wristband and initial label as well. Call Lab and Help Desk prior to sending to the lab.

7. System Downtime:

- a. In the event of system downtime, hand label all lab specimens with full first and last name and MRN from patient's wristband. Include date, time and initials side. See section 3a.

8. Special Specimen Types:

a. Unidentified patient specimens:

- 1) If the identity of the patient is unknown at the time the patient presents, if the specimen is labeled in accordance with the Patient Identification policy 71-CL, the specimen is considered properly labeled.

b. Surgical Pathology Specimens:

- 1) Multiple specimens must be identified exactly the same way on both the order and the specimen label with the appropriate source. Secure the specimen container lids to minimize leakage and contamination of label in transit. Leaking specimens makes them illegible and unable to be processed. The label should be oriented so the label is horizontal to the lid. Specimen labels must not be placed on the lid.

c. Other Specimens:

- 1) Specimens for medico-legal purposes - Refer to the Hospital policy "Chain of Custody for Legal Specimens." 122-C
- 2) Paternity testing specimens - Refer to the Laboratory Departmental policy "Performing Paternity Testing Collection Procedure."

E. COMMUNICATION

This policy will be communicated via email to all Managers, Directors, Chiefs of Services, and Executive Operations Team members.

F. DISTRIBUTION

This policy will be placed online in the Administrative and Medical Staff Policy Manuals.

G. ENFORCEMENT

The VP, Patient Services is responsible for compliance with this policy.

H. REVISIONS

The VP, Patient Services is responsible for making revisions to this policy.