



<b>Title of Document</b> Policy for Completing/Making Requests and Labelling Specimens for Pathology Tests	<b>Q Pulse Reference Number</b> SWLP-POL-004	
<b>Version Number</b> 3.0	<b>Author</b> David Greenwood	

## South West London Pathology

# POLICY FOR COMPLETING/MAKING REQUESTS AND LABELLING SPECIMENS FOR PATHOLOGY TESTS


<b>Q Pulse Reference Number</b>	SWLP-POL-004
<b>Version</b>	Version 3.0
<b>Author</b>	David Greenwood
<b>Authorised By</b>	SWLP Clinical Governance and Quality group
<b>Copy Number and Location</b>	
<b>Document Purpose</b>	Describes how requests and specimens submitted to SWLP for analysis should be labelled
<b>Document Status</b>	<b>ACTIVE</b>

<b>Version Number</b>	<b>Summary of Changes to New Version</b>
<b>3.0</b>	Minor changes; CBS requires Requestor and Location to be provided, will be rejected if not provided Microbiology changed the list of specimen types that will be rejected

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## Contents/Index

Section	Page
<b>1. Introduction</b>	3
<b>2. Policy Statement / Objectives</b>	3
<b>3. Scope</b>	3
<b>4. Definitions</b>	3
<b>5. Roles &amp; Responsibilities</b>	3 - 4
<b>6. Procedures for Labelling Requests &amp; Specimens</b>	4 - 8
<b>Within a hospital trust and GP/Community sites</b>	
• Ordered Communications System - making a request for Pathology tests	5 - 6
• Request forms - completing a request form for Pathology tests	7
<b>Blood Transfusion(BT)</b>	8
• Requests and labelling for a BT sample	
<b>7. Procedure for Dealing with unlabeled/mislabeled Specimens</b>	9
<b>8. Sending samples to the laboratory</b>	10
<b>9. References</b>	10

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## 1. Introduction

This South West London Pathology (SWLP) policy describes how requests for Pathology investigations should be made, and accompanying samples labelled.

## 2. Policy statement/Objectives

The purpose of this policy is to ensure that robust arrangements are in place to ensure the correct and accurate labelling of both requests and specimens sent to any of the laboratories within South West London Pathology.

The information provided with the request and accurate identification of the patient will ensure the request will be processed quickly, the sample analysed in a timely manner and an accurate and informative report issued.

The policy includes making requests using the Trust's Order Communications System (OCS) as well as using traditional paper requests and downtime forms.

The policy is targeted at all users of the Pathology services including Trust, Primary, Secondary and Tertiary referrals.

## 3. Scope

This policy applies to all specimens and request forms submitted to any of the departments within SWLP, including those from general practitioners (GPs), Croydon University Hospital Trust, Kingston Hospital NHS Foundation Trust, St. George's University Hospitals NHS Foundation Trust and the Royal National Orthopaedic Hospital.

The policy also applies to specimens and requests sent as part of the Antenatal Screening Program.

Some departments may require additional information or may allow for some exceptions to aspects of this policy and these will either be included in this procedure or links to additional documents will be provided.


## 4. Definitions

Order Communications System (OCS) - This is an electronic system which allows the requesting of Pathology tests, the printing of specimen container labels and patient lists and the reporting of results directly back to the patient's file.

## 5. Roles and Responsibilities

Requestors – All requests will be made by either a clinician or suitably trained practitioner and it is their responsibility to ensure all requests:

- Are made on the correct patient and selecting the correct encounter for that patient
- Include whatever information is required by the laboratory to perform the test and interpret the result

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- Clearly show which analytical tests are required and the clinical need for those tests.

Where an OCS has been used to make the request and print the labels, ensure ALL of the information printed on the label is legible.

It is the responsibility of the clinical area to ensure the label printers are working correctly and producing legible labels.

Phlebotomist/Person collecting the specimen – It is the responsibility of this person to ensure the sample(s) are collected from the correct patient, into the appropriate sample collection container, at the correct time and that the samples are labelled fully with the correct patient’s details.

The requester must not place Order Comms labels loosely in the specimen bag, but attach them to the specimen(s).

Reception/Laboratory staff – It is the responsibility of reception and laboratory staff to check the accuracy of specimen labelling and report any deficiencies, according to SWLP policies and procedures.

Quality Leads/Quality Manager – Their role is to monitor adherence to this policy and report any issues to the local quality and governance groups.

## 6. Procedures for Labelling Requests and Specimens

The Blood Transfusion department has its own specific procedure for making requests and labelling samples, see page 8 for details.

### Making requests

Requests for Pathology investigations can be made in one of several ways:


Most requests for Pathology investigations are received electronically, using an Order Comms system, however this is determined by the Trust and the department to which investigations are being sent.

Some departments/clinical areas may require a request form, even though the request may have been made using OCS.

When the OCS system is not available, request forms (Downtime forms) must be used. It is advisable for clinical areas to have a stock of these forms already printed, as often in situations when the OCS is not available, then the Trust network is not available either and therefore it will not be possible to print any forms.

If multi-layered request forms are received and are to be shared across pathology departments, please ensure all patient details are visible on each layer of the multiform. If this information is not clear, it may be necessary to photocopy the original form before separating the multi-layered form sections and enclosing the photocopied request rather than the carbon copy with the specimen.


Information about how requests should be made can be found on the SWLP website [www.swlpath.nhs.uk](http://www.swlpath.nhs.uk) or the Trust’s intranet site.

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## USING ORDER COMMUNICATIONS SYSTEM TO REQUEST A PATHOLOGY TEST

### If you work in a hospital trust, GP surgery or at a community site

<b>Using OCS</b>	<ul style="list-style-type: none"> <li>➤ Each Trust has its own local written procedures for making Pathology requests in Cerner. Please refer to these documents to ensure requests are completed correctly.</li> <li>➤ Some tests may not appear on OCS –please use a request form for these</li> </ul>		
<b>Patient details</b>	<p>If the request is made correctly, all of the required information will be provided and the sample labels will contain sufficient information to:</p> <ul style="list-style-type: none"> <li>➤ identify the patient fully – this will include: <ul style="list-style-type: none"> <li>• The patient’s NHS or Medical Record Number (MRN)</li> <li>• The patient’s family and given names</li> <li>• The patient’s date of birth</li> </ul> </li> <li>➤ list the requested tests</li> <li>➤ list the type of container required</li> <li>➤ show where the patient is located</li> </ul> <p>A sample must be collected for every label that has been printed</p>		
<b>Labels</b>	<p>Once the sample has been collected, it should be labelled using the appropriate printed label.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>More than one sample</b></td> <td>➤ If you are collecting more than one type of sample or blood tube, it is important to ensure the labels are attached to the correct container.</td> </tr> </table>	<b>More than one sample</b>	➤ If you are collecting more than one type of sample or blood tube, it is important to ensure the labels are attached to the correct container.
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	<b>Record time of collection</b>	➤ Recording the time of collection is very important as the order in which results are displayed in Powerchart is determined by the time of collection, particularly when several samples have been collected for the same investigation on the same day.
	<b>Label printers</b>	➤ The label printers must be well maintained to ensure they print labels which are legible and correctly aligned. It is the responsibility of staff in each area to ensure the printers are working correctly. Where information is missing, the label can be amended manually to ensure all the required information is supplied.
	<b>Labelling paediatric blood tubes</b>	➤ Where the label is too large to be attached to the blood tube, the details of the patient can be written by hand on the tube and the label sent with the tube in the same plastic bag
<b>EXCEPTIONS</b>	Patients whose identity must remain highly confidential will be excluded from this way of requesting. Requests for these patients must be made using paper request forms. On the rare occasions that OCS is not available, requests should be made using the paper request forms as supplied by SWLP. For requests made as part of the Antenatal Screening Program; if the individual's NHS or MRN number is not known their address must be used as the third identifier. In these cases, the first line of the address must also appear on the specimen container.	


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## COMPLETING A REQUEST FORM FOR A PATHOLOGY TEST

### If you work in a hospital trust, GP surgery or at a community site

<b>Patient details</b>	Each request form <b>MUST</b> contain the following patient identification criteria	<ul style="list-style-type: none"> <li>➤ The patient's NHS or Medical Record Number</li> <li>➤ The patient's family and given names</li> <li>➤ The patient's date of birth</li> </ul>
<b>Requester and location details</b>	On paper request	<ul style="list-style-type: none"> <li>➤ The requester's name, designation and location, including Ward and Hospital should be clearly spelt out or typed in the specified fields on the SWLP request form.</li> </ul>
<b>Clinical reporting</b>	Necessary to interpret the results and display the appropriate reference range of the tests	<ul style="list-style-type: none"> <li>➤ Date and time the specimen was collected</li> <li>➤ The gender of the patient</li> </ul>
<b>Pre-printed labels</b>	These may be used to provide the patient details provided they are attached as indicated on the form itself.	
<b>Tests</b>	Tick the appropriate tests on the form or print clearly any additional ones that are not included.	


<b>EXCEPTIONS</b>	<ul style="list-style-type: none"> <li>➤ <b>On requests made for routine Chemistry or Haematology investigations, failure to provide any of the above information will make the request unacceptable and therefore it will be rejected and the sample not processed</b></li> </ul>
	<ul style="list-style-type: none"> <li>➤ <b>Unknown patients attending A&amp;E.</b> These will be identified using agreed, local rules.</li> <li>➤ <b>New born babies</b> without a Given name can be identified as Baby Smith for instance, but must have a MRN number and date of birth.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Forms requesting either <b>Histology or Diagnostic Cytology</b> investigations should include the full name of the Consultant together with their GMC number. This will overcome any confusion regarding the identity of the requestor</li> </ul>
	<ul style="list-style-type: none"> <li>➤ <b>Twins</b> without Given names can be identified using Twin 1, Smith and Twin 2, Smith. Again the MRN number and date of birth must be provided.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ Specimens from patients attending the <b>GU Medicine clinic</b> need not display all of the Core Identifiers, but only show a unique patient number and the patient's Date of Birth.</li> </ul>

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➤ <b>HMP patient requests</b> , only display the patient’s DOB and surname
➤ For requests made as part of the <b>Antenatal Screening Program</b> , if the individual’s NHS or MRN number is not known their address must be used as the third identifier. In these cases, the first line of the address must be included on the request and appear on the specimen container.
➤ <b>Private patients not having an NHS or MRN number</b> . The request should clearly show they are a Private patient. The first line of the patients address should be included on the request form and written on all specimen containers.


<b>Blood Transfusion</b>	
<b>Making Blood Transfusion requests and labelling subsequent samples</b>	
The detailed information required for completing a BT request or label a BT sample is shown in the Trust’s Blood Transfusion policy. All staff making requests for BT investigations must refer to this document.	
<b>Requests</b>	All requests for BT investigations <b>MUST</b> be made using a request form.
<b>Request forms</b>	The request form <b>MUST</b> show all core patient identifiers and be dated and signed by the requestor. Other information is required and this is to be found in the local Blood Transfusion policy.
<b>Samples</b>	All samples received for BT investigations <b>MUST</b> be labelled by hand <u>at the time of collection at the patient’s side</u> , showing the core identifiers included on the request form. The sample <b>MUST</b> be signed and show the date and time of collection. Printed labels <b>cannot</b> be used on BT samples. NB. The department has a policy of only issuing blood or products if the patient has had their blood group tested <b>TWICE</b> and on samples taken at different times.
<b>Details must match</b>	<b>Any discrepancy</b> between the labelling on the request form and sample will mean the request cannot be accepted and the sample will be discarded.
	The patient details shown on the request form and sample <b>MUST</b> also agree with the details recorded on the Trust’s patient database and on the patient wristband. Any discrepancies may cause the sample to be discarded.



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## 7. Procedures for dealing with unlabelled or mislabelled samples

<b>Blood Transfusion</b>	<ul style="list-style-type: none"> <li>➤ It should be assumed that unless the sample is labelled completely and correctly, it will not be processed.</li> <li>➤ Please note that where Trusts have a 'two sample' rule, group identical blood products will not be issued unless two blood groups have been performed on two separate samples, taken on different occasions which have required separate patient identification checks.</li> </ul>
<b>Cytology</b>	<ul style="list-style-type: none"> <li>➤ Cervical specimens that are not labelled adequately with patient identifiers will be discarded. A letter will be issued requesting a repeat specimen after 3 months.</li> </ul>
<b>Histology</b>	<ul style="list-style-type: none"> <li>➤ If it is decided the sample cannot be repeated, the clinician must complete a pre-examination error form supplied by the laboratory. This form requires the clinician take full responsibility for an error, and requests additional patient information. Forms should be faxed, emailed via an NHS.net account or taken to lab. The reporting pathologist will also be informed of the incident prior to processing the specimen.</li> <li>➤ All pre-examination errors must have a comment in the report indicating this has taken place.</li> </ul>
<b>Blood Sciences&amp; Immunology</b>	<ul style="list-style-type: none"> <li>➤ Any requests or specimens received by the laboratory that are unlabelled or poorly labelled (not meeting the requirements of this policy) will not be analysed.</li> </ul>
<b>Microbiology</b>	<ul style="list-style-type: none"> <li>➤ Microbiology will not contact the requesting clinician immediately, but will issue a report stating the fact that the sample/request is incorrectly labelled and so will not be processed. The sample will be stored for a period of time allowing the requestor to contact the department (Consultant Microbiologist). As soon as requester is aware they require a repeat test or additional tests on the sample, they should contact the laboratory as the specimen may have a short period of time in the lab before being discarded. In exceptional circumstances, if the specimen cannot be repeated, it may be processed and reported, but with a comment describing what has happened.</li> </ul>
<b>EXCEPTIONS</b>	<p>Certain samples are considered to be unrepeatable by the department and if they are incorrectly labelled they <b>may</b> be analysed and reported, but with an appropriate comment added. These samples include;</p> <ul style="list-style-type: none"> <li>➤ CSF</li> <li>➤ Biopsies</li> <li>➤ Post Mortem samples</li> <li>➤ Tissues and bone from unrepeatable sites</li> </ul> <p>Samples taken in the operating theatre</p>

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## 8. Sending Samples to the Laboratory

- Once the specimens have been collected and labelled they must be sent to the laboratory immediately.
- Blood tubes should be enclosed in a plastic bag to prevent spillage of blood if any leakage or damage to the tube occurs.
- Only tubes from a single patient can be sent in one bag, samples from several patients in a single bag will not be accepted.

## 9. References

This document is based upon the guidance and recommendations found in the following documents;

- BSI Standards: Medical laboratories – Requirements for quality and competence (ISO15189:2012)
- IBMS Profession Guidance: Patient Sample and Request Form Identification Criteria (2009)
- BCSH: Guidance on the Administration of Blood Components (2009)
- Sickle Cell and Thalassaemia: Handbook for Laboratories. October 2012

This policy should be read in conjunction with the following Trust documents;

- Local procedures for making pathology requests using Order Communication Systems
- The local Blood Transfusion Policy (or equivalent).