SUNY Downstate Medical Center -University Hospital of Brooklyn Network
Department of Pathology Policy and Procedure

Subject: LAB 11 SPECIMEN REJECTION

Prepared By: Alix R. Laguerre

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Edit Approved By: Howanitz MD, Peter (Electronic Signature Timestamp: 4/19/2013 12:22:22 PM)
Laguerre MS, Alix (Electronic Signature Timestamp: 4/18/2013 10:28:24 PM)

Reviewed By: Howanitz MD, Peter (Electronic Signature Timestamp: 4/19/2013 12:22:22 PM)
Laguerre MS, Alix (Electronic Signature Timestamp: 4/18/2013 10:28:24 PM)

Supporting Documents:

Approval Workgroup: Laboratory Administration Approval Group

Revision: 3

PURPOSE: Provide specimen rejection criteria to comply with regulatory agency requirements and assure appropriateness of specimens for analysis.

POLICY: Specimens will be rejected and actions are to be taken according to the following criteria:

CRITERIA FOR REJECTING SPECIMEN	**ACTION**
1. Improperly collected specimen	
A. Wrong vacutainer tube B. Wrong container C. Improper preservative (urine) D. Improperly transported to lab E. Delayed (overdue) can no longer be analyzed F. Leaking/broken specimen container	Request repeat collection with proper instructions
2. Improperly identified	
A. Unlabeled	Lab notifies patient location if possible
B. Mislabeled	
1. Before analysis	Same as unlabeled
2. Specimen misidentification alert after analysis:	1) Laboratory personnel who receives the alert, documents all pertinent information regarding the specimen(s) including: Name, Date etc… and the Name, Title and contact location of the informer. Inform LIS and appropriate Laboratory sections.

CRITERIA FOR REJECTING SPECIMEN:	**ACTION**
2. (Cont'd) Specimen misidentification alert after analysis:	2) LIS personnel revise reports to "No Results" and appropriate comments. LIS personnel initiate reversal of charges in the LIS and inform all appropriate Laboratory sections of the corrective action. LIS personnel generate an Action Report. In the event results cannot be corrected by the LIS staff in a timely manner, each Laboratory Section will correct result.
C. Insufficient information for processing	Request missing information from patient location and document the request. Timeline for rejection depends on the viability of the specimen and test required.
D. Contaminated specimen (internal) suspected contamination –	Notify patient location. Request repeat specimen
E. Grossly hemolyzed specimen (for Blood Bank	Request repeat specimen where

specimens)	appropriate
F. Quantity not sufficient	Notify patient location and request repeat specimen.
G. Outdated specimens	Call the patient location to confirm time and if unable to confirm specimen is to be rejected

EXCEPTIONS – Irreplaceable Specimens:

For irreplaceable specimens such as CSF, pericardial fluid, neonatal blood gas, perform analyses and report to physician verbally with information that specimen was requested. These results must not be placed in a medical record of the patient. The rejection of the original specimen is documented.

BLOOD BANK

A. Improperly Identified 1. Unlabeled 2. Mislabeled 3. Missing Requisition 4. Requisition lacking any of the following information: A. Patient's full name B. Patient's medical record number C. Requesting physician's name D. Signature of Phlebotomist E. Date of collection	Notify physician/patient location and request new specimen with new corresponding paperwork

CRITERIA FOR REJECTING SPECIMEN	**ACTION**
5. Specimen label lacking the following information: A. Patient's full name B. Patient medical record number C. Phlebotomist signature D. Date of collection	Notify physician/patient location and request new specimen with new corresponding paperwork
6. Other Specimen Rejection Criteria: A. Discrepancy in information between specimen and the requisition. B. Illegible information on specimen and/or requisition C. Broken, or leaking specimen container D. Wrong anticoagulant/wrong specimen container E. Hemolyzed (in vitro)	

IDENTIFICATION OF SPECIMEN

All specimens submitted to the Clinical Laboratories for analysis must be properly identified with the Cerner (LIS) bar code label and/or patient label for Blood Bank, Cytology and Surgical Pathology.

The following information must be stated on the specimen and manual request slip:

Name of Patient
Location of Patient
Patient Identification Number (MR#, Financial #)
Date specimen was obtained, and time of collection
Name of ordering physician
Date of Birth

MOLECULAR PATHOLOGY

Evaluation of Specimen

The criteria in rejecting specimen and action to be taken that are enumerated under the General Lab-11 Policy will be implemented. The following criteria are specific to Molecular Pathology Laboratory specimen:

Acceptance Criteria

1. Specimen collected after proper written consent with appropriate LIS barcode label.
2. Blood must be at least 3 mL in an EDTA tube (purple top) and placed in a leak-proof transport bag.
3. Non-hemolyzed blood.

Rejection Criteria

1. Lack of written consent for testing
2. Unlabeled and/or mislabeled tubes of blood
3. Blood in anticoagulant other than EDTA
4. Empty collection tube or Insufficient quantity
5. Clotted blood
6. Hemolyzed blood
7. Blood-soiled tube or evidence of leakage
8. Duplicate samples
9. Contaminated blood
10. Outdated specimen (>48 hours after venipuncture)

If a sample is rejected, the laboratory notifies the physician/location and request repeat collection with corrective action depending on the reason for rejection.