

SOUTHWEST PATHOLOGY SERVICES POLICY FOR SPECIMEN & REQUEST FORM LABELLING

Q-Pulse No	GGM1
Version	6
Site	ALL

POLICY FOR SPECIMEN & REQUEST FORM LABELLING

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.

The minimum data sets given below must be entered on both specimen and request form (with the exception of GP surgeries included in the Paperlite process whereby samples, requested via electronic Order Comms, are transported to the laboratory in racks without an accompanying paper form). Further essential information, which is listed below, must also be entered on the request form. Electronic order communication requests supports the inclusion of the essential request data items listed below.

NOTE: FURTHER DEPARTMENTAL SPECIFIC REQUIREMENTS FOLLOW ON SECOND PAGE

Chemical Pathology, Haematology, Microbiology, Non-Gynae Cytology & Histology

Accurate Data Set Required on
BOTH Specimen (Inc Slides) & Request Form is:

NHS NUMBER*

PATIENT'S FULL NAME or

UNIQUE CODED IDENTIFIER

(eg Hospital, A&E or Mammography number)

**DATE OF BIRTH (not age) ONLY if
patients name given**

If a unique identification number has not been given as part of the minimum data set then current residential address must be stated on the request form to ensure correct identification of the patient

The following **ESSENTIAL** information is also required on the request form and must be accurate

- Current residential address of patient inc post code
- Source of request
- Location for report (if different)
- Requesting clinician, relevant clinical / treatment details, inc details of previous investigations where appropriate
- Tests required

*Use of the NHS number on paper and electronic patient records is now a mandatory requirement included within the NHS Operating Framework 2022. Patient data should be used to identify the sample up to the point where a NHS Number is allocated whereupon this becomes the primary identifier.

Notes:

Request forms & specimen shall be timed & dated

Correction fluid must not be used to alter patient details. Other alterations should be signed and labelled with the name of the person making the alteration

Transfusion & Blood Group Requests

Accurate Data Set Required on
BOTH Specimen & Request Form is:

SURNAME (correctly spelt) **And FORENAME(s)** in full
(counts as 1 ID point)

UNIQUE IDENTITY NUMBER

DATE OF BIRTH (not age)

(The Unique Identity Number should be either the Hospital or NHS number)

A unique identity number is a pre-requisite for the provision of blood products and **MUST** be used for all inpatients. In exceptional circumstances (eg. Temporary UK resident without NHS number bled in the community) a confirmed address may be used in its place for group & antibody investigations **ONLY**.

The following **ESSENTIAL** information is also required on the request form and must be accurate

- Source of request
- Location for report (if different)
- Requesting clinician, relevant clinical / treatment details, inc details of previous investigations where appropriate
- Transfusion indication code(s)
- Tests required

ORDER COMM'S AND PRE-PRINTED PAS (ADDRESSOGRAPH LABELS) ARE ACCEPTABLE ON REQUEST FORMS BUT NOT ON SPECIMENS.

'ON DEMAND' BLOOD TRACK SAMPLE LABELS ARE ACCEPTABLE FOR LABELLING BLOOD TRANSFUSION TUBES

The person taking the blood **MUST PRINT NAME & SIGN & DATE** the phlebotomy section of request form confirming competency for sample taking. This requirement includes all order comms requests.

'On Demand' Blood Track samples do not require a signature on the form as information is held electronically.

Specimens where patient data has been crossed out or altered will not be accepted
UNLABELLED, WRONGLY LABELLED OR INADEQUATELY LABELLED SPECIMENS WILL NOT BE ACCEPTED.

NO SPECIMEN IS CONSIDERED UNREPEATABLE

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REPEATABLE specimens that do not conform to this policy will be rejected and the requestor informed.

For specimens considered UNREPEATABLE (All Histology specimens, most Non-Gynae Cytology specimens and others where a repeat specimen is not practical) there will be discussion with the clinician on an individual basis.

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Additional Departmental Specific Requirements

Histology & Non-Gynae Cytology

Specimens also require the following

TYPE / SPECIMEN SITE IDENTIFICATION
on sample container and request form

CLINICAL HISTORY on request form

Note:

Printed (addressograph) labels are NOT acceptable on slides for technical reasons; slides must be marked in pencil – not solvent based pen/marker

Microbiology

Specimens (other than blood) also require the following on the sample container and request form

TYPE / SPECIMEN SITE IDENTIFICATION

Note:

Unlabelled, wrongly labelled or inadequately labelled specimens for Hepatitis 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 NHS or Hospital number** and **Surname** will be accepted. Wherever possible an additional identifier should be given (e.g. twin 1, twin 2, or address)

Except for Transfusion specimens where 3 unique identifiers are required
(See minimum data set for Transfusion)

ANONYMISED PATIENT SPECIMENS

e.g. GUM, HIV, etc

FOR THESE SPECIMENS ONLY

Specimens identified by a **UNIQUE NUMBER** and **DOB** alone will be accepted.

SPECIMENS FROM UNIDENTIFIED PATIENTS

FOR THESE SPECIMENS ONLY

Specimens must be identified with at least the **MRN number**, **gender** and approximate **age** of the patient.
Anything less will not be accepted.