

1. PURPOSE AND SCOPE

To define the criteria and actions required for the acceptance or rejection of diagnostic specimens received by Diagnostic Services of Manitoba Inc. (DSM) to ensure patient safety.

2. POLICY

2.1 REQUIREMENTS FOR TEST REQUISITIONS

The following information is required on the appropriate test requisition and must be clearly legible.

- Last Name, First Name of Patient
- PHIN (or equivalent)
- Date of Birth
- Sex
- Location of Patient (Nursing Unit, Collection Site, etc)
- Phlebotomist / Collector Identifier
- Date & Time of Collection
- Name of Ordering Professional†
- Tests Requested
- Source of specimen, when appropriate *
- Clinical Information, when appropriate *
- Procurement method, when appropriate *

* Refer to the relevant Laboratory Requisition or Information Manual

† Refer to DSM Policy 10-50-04 Authorization to Order Diagnostic Tests

2.2 REQUIREMENTS FOR LABELING OF TEST SPECIMENS

The following information is required directly on the specimen container label and must be clearly legible:

- Last Name, First Name of Patient
- PHIN (or equivalent)

2.3 REJECTION CRITERIA

DSM will reject specimens for analysis due to:

Labeling errors:

- The unique identifiers on the specimen label and test requisition do not match
- Patient's first and last name, and PHIN or equivalent are not on the test requisition and the specimen label
- The name of the ordering professional is not on the test requisition and cannot be confirmed
- The location of the patient is not on the test requisition and cannot be confirmed

Unacceptable specimen quality, examples include:

- Inappropriate transport
- Inappropriate storage
- Inappropriate container or specimen tubes
- Inappropriate preservative
- Hemolysis
- Lipemia
- Insufficient Quantity for Analysis (NSQ)

Note - For Transfusion Medicine all requirements in 2.1, 2.2 & 2.4 must be met. There is no provision for the use of specimens / requisitions that do not meet all of the acceptance criteria specific for transfusion. The only option is recollection. If the clinical situation is urgent, the facility blood bank can issue emergency red cell unit(s) until cross-matched units are available.

2.4 DISCIPLINE SPECIFIC REQUIREMENTS AND EXCEPTIONS

Transfusion Medicine	<i>Additional Requirements:</i> Facility, phlebotomist's initials, date and time of collection is required on the requisition and specimen <i>Requisitions also require:</i> <ul style="list-style-type: none"> ▪ last name and first initial of ordering professional ▪ the name of the phlebotomist printed and initials ▪ for orders for blood components: type of blood component, quantity of blood component and date and time the blood components are required for transfusion
Transplant Immunology	<i>Additional Requirements:</i> <ul style="list-style-type: none"> ▪ Date of collection is required on the requisition and specimen ▪ Requisitions require printed full name of phlebotomist and initials
Biochemistry	<i>Additional Requirements:</i> Tests with multiple time points – all time points must be labeled on specimen (i.e. fasting, 2 hr)

Rural Chemistry & Hematology	<i>Additional Requirements:</i> Date and time of collection must be present on all specimens that may be referred to another lab for processing.
Cytology – PAP Smears	<i>Exceptions:</i> Only the PHIN (or equivalent) is required on glass slides
Microbiology	<i>Exceptions:</i> <ul style="list-style-type: none"> ▪ Specimen source must be identified on the requisition and container. ▪ Time of collection is not required on the requisition.
Pathology	<i>Additional Requirements:</i> <ul style="list-style-type: none"> ▪ Specimen source must be listed on the container including tissue type, what the specimen is (mass, tumor, bone, etc) and anatomical site where it was obtained. Also include whether it is from a right or left anatomical site. ▪ Information on the requisition and specimen containers must match (including the number of containers). ▪ Clinical Information must be provided on the requisition
Semen Analysis	<i>Additional Requirements:</i> Date and time of collection is required on the requisition and specimen
Molecular Diagnostics	<i>Exceptions:</i> Time of collection is not required on the requisition

3. PROCEDURES AND GUIDANCE

3.1	Requirements Not Met	<p>Where required information is missing or incorrect on the requisition and/or specimen label that is not subject to rejection under 2.3, the Lab will contact the collection site to provide the necessary information. The specimen will be processed once all applicable requirements have been met.</p> <p><u>Form F10-50-03A - Specimen Error Report and Waiver (Error Report)</u> will be completed or LIS updated where available, to record all errors, rejections and subsequent dispositions. A completed copy of the Error Report is sent to DSM Quality, and the originals retained as per DSM Retention Policy 100-10-05.</p>
3.2	Rejected Specimens	<p>If a specimen is deemed rejected under 2.3, the Lab will update the requisition or LIS, where available, with the rationale for rejection and return / submit this data to the collection site. The Error Report will be updated as per 3.1. Depending on the type of specimen, the following will also apply:</p> <ul style="list-style-type: none"> • <u>ROUTINE SPECIMENS:</u> The specimen will be retained for the period consistent with acceptable storage for the testing requested.



		<ul style="list-style-type: none"> • POTENTIALLY IRREPLACEABLE OR TIME SENSITIVE: The Lab Technologist will immediately notify the ordering professional that the specimen has been rejected and will not be processed. The ordering professional must determine the next course of action, which may include recollection of the specimen or processing of the specimen, which is subject to the procedures under 3.3. The Lab will retain these specimens for a period consistent with acceptable storage for the testing requested. Lab staff will use the following list to define which specimens are <u>potentially</u> irreplaceable or time sensitive. <ul style="list-style-type: none"> ○ STAT / EMERGENT Requests from Emergency or ICU Wards ○ Autopsy, surgical, biopsy and non-gynaecological cytology specimens ○ Sterile fluids (Examples: CSF, Blood Cultures) ○ Bone marrow aspirates ○ Bronchial alveolar lavage ○ Select pediatric specimens / Neonatal blood ○ Timed specimens (Example: Drug levels) ○ Amniotic fluid ○ Cultured cells ○ Specimens submitted to Microbiology requiring culture where the requisition indicates that it was taken prior to starting antibiotics
3.3	Rejected Specimens - Irreplaceable & Time Sensitive	<p>The ordering professional, when informed of a specimen rejection, may consider the specimen to be irreplaceable or time sensitive.</p> <p>If the test result is required to provide immediate life-saving care to a patient and the ordering professional determines that the risk of proceeding is warranted, the Ordering Professional will provide the Lab Technologist with the required information and authorize the testing. The Lab will complete the <u>Error Report</u> and proceed with testing.</p> <p>If the test result is not required to provide immediate life-saving care to a patient, the following process should be followed:</p> <ul style="list-style-type: none"> • The Ordering Professional must contact the appropriate DSM Discipline Person On-Call to discuss the risks and benefits of proceeding with the testing. • DSM Discipline Person On-Call will notify the Lab that they have spoken to the Ordering Professional and confirm whether testing will proceed. • The Ordering Professional or authorized designate should come to the Lab directly to authorize the testing in writing by completing the

		<p>Authorization section of the <u>Error Report</u>). If signed by the authorized designate, indicate both the name of the Ordering Professional and the designate. In cases where it is not possible to come to the Lab the correction and authorization may be documented by FAX.</p> <ul style="list-style-type: none"> • The Ordering Professional must acknowledge, in writing, they are aware of the reasons for the rejection and accept responsibility for the inherent risk with the use of the results. • Not all irreplaceable & time sensitive specimens will be processed. This will be determined based on the criticality of the test, risk of misidentification of the patient and the integrity / quality of the specimen. The Lab medical and/or scientific personnel have the final say in accepting or rejecting the Ordering Professional's request to proceed with testing. • The <u>Error Report</u> will be updated as per 3.1.
3.4	Microtainer Tubes	<ul style="list-style-type: none"> • For hand labeled microtainers, rather than attempting to write directly on the tube, legibly write name (last and first) and PHIN (or equivalent) on a label. Attach the label directly to the tube. It is recommended to place the label horizontally around the tube joining the adhesive sides together creating a flap so that all information is still visible. • If required, the accessioning Lab can remove the affixed label and replace it with an LIS generated label. Indicate on the requisition that the original identifier was separated from the Microtainer and a new label was created.
3.5	Multiple Tubes from One Collection	<p>In cases where multiple tubes are received with one requisition (one collection), and errors exist, the Lab will:</p> <ul style="list-style-type: none"> • Process all specimens which meet the acceptance criteria • Reject the remaining specimens as per policy requirements • Amend the final lab report stating that there were rejections related to the collection.
3.6	ID of Phlebotomist / Collector	<ul style="list-style-type: none"> • The person collecting should identify themselves on the requisition as part of the phlebotomy / collection process, at the bedside / collection site. • In certain cases this information is filled in by another person on the collector's behalf. Although the specimen will not be rejected on this basis, the person signing on behalf is accepting the

		responsibilities of the collector that specimens were collected and documented properly, and came from the correct patient.
3.7	Definition of PHIN (or equivalent)	<p>The PHIN is the Personal Health Identification Number. All patients in Canadian provinces and territories have an assigned PHIN. The exception is newborns, where the PHIN has not yet been assigned.</p> <p>The intent of using the PHIN as part of primary identification is to utilize a number that is specific to the patient, regardless of where they reside. With the exception of Manitoba PHIN, the province or territory must be included with the PHIN.</p> <p>If a PHIN is not available, alternative unique identification issued by other authorities such as RCMP, Military, and First Nation Inuit and Aboriginal Health (10-digit number) can be accepted. In special circumstances, photo identification may be requested.</p> <p>In facilities where the hospital information systems use the MRN as the unique identifier, and this is the number printed on addressographs and transferred to LIS via the ADT systems, the MRN will be acceptable.</p>
3.8	Long Names	In cases where long names do not fit on electronically or mechanically generated specimen labels, these will be accepted as long as there are no other discrepancies between the requisition and what is visible on the specimen label.
3.9	Discrepancies with PHIN in MB Health Database and Lab LIS systems	<p>If the specimen and requisition PHIN's correspond, but a discrepancy is noted between this number and that in the MB Health database, the specimen will be processed, and the final report amended to communicate to the Ordering Professional and/or patient that the discrepancy exists and that they should contact Manitoba Health directly.</p> <p>For transfusion medicine specimens, CBS will reject and request recollection if the PHIN does not match the Manitoba Health Database.</p> <p>If a discrepancy exists between the patient information provided, and previous entries in the LIS, this should not lead to a specimen rejection. Once resolved the report should be amended to communicate to the Ordering Professional what the discrepancy was and how it was resolved.</p>

[4] Process Flow Chart

