Specimen Labeling
Objectives

With the completion of this module the learner will:

- Identify the appropriate procedure for collecting and labeling specimens.
- Define patient identification requirements at sample collection.
- Identify ways to comply with specimen labeling requirements in the event no computer-generated labels are available (e.g., the infant is not registered, or specimens in Triage area before orders are entered.)
- Define the process initiated for a specimen labeling error.
Specimen Labeling

• Positive patient identification and strict adherence to policies and procedures is imperative throughout the process of collecting and labeling specimens to help assure patient safety.

• The majority of specimen labeling errors are the direct result of deviations from Standard Operating Procedures.
Specimen Labeling

- **EVERY** individual tube, container, specimen sent to the lab must have a label applied to it (not loose in the bag.)
- All specimens or blood samples received in the lab without a label applied will be rejected.
- All labels & requisitions must be examined to determine if all information necessary is present & correct.

Note: There may be extra labels in the transport bag along with the labeled specimens. These are the aliquot and continuation labels utilized by the lab.
Safe Specimen Labeling Requirements:

Identification of the patient and labeling of specimens must occur at the point of collection (at the bedside).
Inpatient Identification

• Identify the patient using both active and passive identification procedures.
  – Active – patient states full name, date of birth and spells last name. If patient unable to communicate, use passive identification procedures.
  – Passive – staff member verifies that the information on the label matches the patient’s identification band

Note: If patient’s band is missing or is not an exact match, DO NOT collect sample until discrepancy is resolved.
Safe Specimen Labeling

For any specimen, there are necessary items that need to be present on the label and they must all be correct or the specimen will be rejected.

<table>
<thead>
<tr>
<th>ADULTS</th>
<th>INFANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>*LAST NAME</td>
<td>*LAST NAME (If multiples, verify A,B,C)</td>
</tr>
<tr>
<td>*FIRST NAME</td>
<td>*MOTHER’S FIRST NAME</td>
</tr>
<tr>
<td>*MEDICAL RECORD #</td>
<td>*MEDICAL RECORD #</td>
</tr>
<tr>
<td>*DATE OF BIRTH</td>
<td>*DATE OF BIRTH</td>
</tr>
<tr>
<td>COLLECTION DATE</td>
<td>*INFANT’S SEX</td>
</tr>
<tr>
<td>COLLECTION TIME</td>
<td>COLLECTION DATE</td>
</tr>
<tr>
<td>COLLECTOR’S INITIALS</td>
<td>COLLECTION TIME</td>
</tr>
<tr>
<td></td>
<td>COLLECTOR’S INITIALS</td>
</tr>
<tr>
<td>* Key Identifiers</td>
<td>ID BAND #</td>
</tr>
</tbody>
</table>

* Key Identifiers
Outpatient Identification

- For outpatient collections services, the outpatient does not wear an identification band.
- Patient identification must occur at the point of specimen collection using the lab label and active identifiers.
- Perform an active identification: Ask the patient to state their full name and date of birth and spell last name.

Note: If an exact match is not present, **DO NOT** collect the sample until the discrepancy is resolved.
Sample Labeling

- The specimen must be labeled appropriately and the four key identifiers must be verified:
- **ADULT LABEL:**
  - **Last name** (obtained from the patient’s identification band AND by hearing patient spell their name)
  - **First name** (obtained from the patient’s identification band AND by having patient state their name)
  - **Date of birth** (obtain from the patient’s identification band AND by having patient verbalize their date of birth AND by comparing to date of birth found in the label’s upper right corner).
  - **Medical record number** (obtained from the patient’s identification band)
  - And write the **collection date**, **collection time (military)**, and **phlebotomist initials** on the specimen label.
Sample Label: Adult

- Medical Record Number
- Patient Last Name
- DOB
- Patient First Name
- Date of Collection
- Time of Collection
- Initials
Label placement on tube

Please place label on the tube as illustrated above. The name and MRN should be positioned as close to the cap as possible. Do not place the label over the cap.
Sample Labeling: INFANT

- Identify the five pieces of information for an infant:
  - **Last name and if multiple** (A,B,C) (obtained from the infant’s identification band)
  - **Mother’s first name** (obtained from the infant’s identification band)
  - **Medical record number** (obtained from bedside card OR chart)
  - **Date of birth** (obtain from the patient’s identification band AND by comparing to date of birth found in the label’s upper right corner).
  - **Infant’s sex** (obtained from infant’s identification band)
  - And write the **collection date, collection time (military), phlebotomist initials** and **ID Band Number** on the specimen label.
Sample Label: Infant

Infant’s Last Name: G1930007031
Infant Sex: M
Infant’s MRN: 99887766
Mother’s First Name: Magee
Date of Collection: 01/23/2009
Time of Collection: 0001
Infant ID Band Number: G1930007031
Initials: K3-S

Date: 01/23/09
Time: 1500
Initials: Green

IDB #: DB03
Specimen Labeling under Special Circumstances

• If a lab label is not available, a chart label or handwritten label must be used.

• The following information is obtained from the patient’s chart and recorded on the label:
  1. Patient’s last name
  2. Patient’s first name or Mother’s first name if infant
  3. Medical record number
  4. Date of Birth
  5. Infant’s sex
  6. Location of patient
  7. Date, time, phlebotomist initials
  8. Priority of sample

• Items (1), (2), (3), (4), (7) and only for an infant (5), must exactly match the corresponding information on the specimen label or the specimen will be rejected
HIS Labels

• Only certain areas are permitted to use HIS labels if computer-generated labels are unavailable.
• In the Labor & Delivery, these labels may be used for any specimens in Triage where the specimen is collected before the orders are entered.
• HIS labels for infant cord blood specimens are permitted in the LDRs.
• The ED may use an HIS label only for critical care patients where the specimens are collected before the orders can be entered into the computer.
• HIS labels cannot be used at any other PCS location except during computer downtime.
HIS Labels (cont.)

• When HIS labels are used, place the lab label over the HIS label;
  
  – to assure accurate identification, you must make certain the patient’s name and Medical Record number (MRN) are still visible on the chart label.
Initial Labeling for Cord Blood

• For cord blood specimens, initial identification is used through comparison with the mother’s chart label.

• Cross out the mother’s first name and write “BABY” in large bold letters above the mother’s name.

• After the baby can be registered and receives its own medical record number, order the test and properly apply lab label to permit visibility of patient name on the chart label. Then send to lab
Labeling Specimen Collected by Other Staff

• If phlebotomist is not the same person who labels the specimen:
  – The person labeling must be physically present during the specimen collection.
  – The person labeling must witness the identification. This cannot be someone present but occupied with another task during the identification.
  – The labeling must occur in the presence of the patient.
Labeling Specimen Collected by Other Staff (cont.)

It is **not** permissible under any circumstances to label an improperly identified specimen as if it were identified properly.
Labeling Specimen Collected by Other Staff (cont.)

- This applies to physicians and applies even if a physician makes a direct order to the contrary. If a deviation from this policy is observed, it must be resolved by the following procedures:
  - If it is practical, the improperly identified specimen should be discarded and re-collection with proper identification should be done.
  - If it is not practical to re-collect a specimen, the physician, and only the physician, can order the specimen to be processed even though it was not labeled according to policy.
Labeling Specimen Collected by Other Staff (cont.)

• If a specimen (per order) is to be processed even though it was not labeled according to policy:
  • The specimen must NOT be labeled as if the identification were according to policy.
  • The specimen must be labeled to make it clear that the identification was irregular but that a physician has ordered it to be processed anyway.
  • When the laboratory receives such a specimen, the physician will be asked to certify that the sample cannot be replaced and that the secondary labeling is correct.
Labeling Specimen Collected by Other Staff (cont.)

- Refer to Department of Pathology Policy #10 Special Procedures for Labeling Specimens Collected by Other Staff.
  - Place a label for the patient believed to be the source of the specimen on the specimen, but do NOT initial or date the label. *Note: Initialing and dating the specimen would imply that the person who initials it had witnessed the identification process; this cannot be done for a secondary identification.*
  - Instead of initialing and dating, write on the label 'SECONDARY IDENTIFICATION'.
  - Place the specimen in an over-wrap or container; identify this over-wrap or container with a patient label and write on that over-wrap or container 'Secondary identification of this specimen was done on the order of Dr. __________ by __________ date____ time____.'
  - Complete the Secondary Identification for Specimen Label form with the name of the physician who approved the secondary label and your signature with the date and time. Place the top copy of the form in the patient’s chart and send the second copy with the *specimen.*
Labeling Specimen Collected by Other Staff (cont.)

• In the event of a Condition A or a bioterrorism event, the specimen will be accepted with as much identifying information as available.
  – The specimen MUST be hand delivered to the laboratory by a “runner” from the patient location.
  – The “runner” must remain in the laboratory to obtain a hard copy of the test results and return this information to the treating physician.
Specimen Labeling Errors

- **Mislabeled Specimens**: discrepancy of patient identification information between label, requisition, and/or order
- **Unlabeled Specimens**: no label on specimen
- **Omissions**: No date, time and initials on blood bank specimens.
Specimen Labeling Errors (cont.)

• In the event of a labeling error, lab personnel must notify the person in charge of that nursing unit.

• Lab Manager or designee will document details of the incident and enter the error into Riskmaster.

• The person responsible for the error is required to complete a SPECIMEN LABELING ERROR REPORT to be reviewed by the department manager.
You have completed Part One of Two

• To complete Part Two of this course (the test), do the following:
  - Click the button
  - Click “OK” to exit the course
  - Click the “Return to the Table of Contents” push button
  - Click the “Launch” link to begin Part Two, the Assessment (test)