Doncaster and Bassetlaw Hospitals NHS
NHS Foundation Trust

Directorate of Pathology

Specimen and Request Form Labelling Policy

This procedural document supersedes: Policy for Specimen and Request Form Labelling – PAT/T 8 v.5.

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Date revised:	September 2013
Approved by (Committee/Group):	Policy Approval and Compliance Group on behalf of the Patient Safety Review Group
Date of approval:	9 October 2013
Date issued:	17 October 2013
Next review date:	September 2016
Target audience:	Trust-wide

SPECIMEN AND REQUEST FORM LABELLING POLICY

Amendment Form

To be completed when reviewing an existing APD

Please record brief details of the changes made alongside the next version number. If the APD has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 6	17 October 2013	• New style format included. • Removal of reference to general numbers for neonates. • Addition of criteria for ICE order comms labels. • Link to HSE notice • Revised trust document format.	Dr Richard Stott
Version 5	February 2011	• Use of district number for all Trust requests in place of other patient identification numbers. • Added sample labels consistent with the order communications software due to be introduced from April 2011.	Dr Richard Stott
Version 4	December 2009	• Amendment form and contents page added • Paragraphs numbered • Introduction - addition of - "and patient wrist band (if applicable)." • P7, addition of – "or 'Sharps' included"	Dr Richard Stott
Version 3	June 2009	Reviewed, no change – Short review time given to coincide with the introduction of new wristbands	Dr Richard Stott
Version 3	February 2007	• Alteration to minimum data sets for identification of specimen details (no change to minimum data sets for request form) • Histopathology sample containers should be handwritten • Pre-printed addressograph labels are NOT acceptable on sample containers • Labels printed contemporaneously, will be accepted on sample containers if they include the minimum sample data set and are initialled by the person taking the sample to confirm that they have verified identification with the patient. • Clarification that samples will not be analysed if additional essential information is incomplete	Dr Wardell

SPECIMEN AND REQUEST FORM LABELLING POLICY

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SPECIMEN AND REQUEST FORM LABELLING POLICY

1. INTRODUCTION

Inadequate or inaccurate labelling results in delays before pathology results are available and hence affects patient care.

Inadequately or inaccurately labelled specimens or forms will not be accepted unless they are considered to be 'unrepeatable'. A classification of 'unrepeatable' will be on an individual basis and in these cases the requestor may be required to come to the laboratory to amend their request information and to document that they have done so. Any labelling discrepancy will be included on the pathology report.

2. PURPOSE

This policy outlines the required information to provide patient identification criteria for Pathology specimens and request forms in order for them to be accepted by the laboratory for analysis.

3. DUTIES AND RESPONSIBILITIES

- It is the responsibility of managers to ensure that –
  - Staff in their area of responsibility are aware of the content of this policy and follow the required elements for all pathology requests.
  - All patients have been formally identified according to the appropriate sections of the trust patient identification policy. In particular an ID band may be required.

- It is the requestor's responsibility to ensure that –
  - All requestor, location and patient details on the request form or computer screen are correct, clearly legible and that the request form is signed if required for the requested tests (eg blood transfusion related requests).
  - The investigations required are clearly identified with relevant supporting information.
  - Any required timings are clearly indicated (eg sample time relative to treatment).
  - All appropriate Health & Safety requirements are complied with.

- The person responsible for taking the specimen (whether medical, nursing or phlebotomy staff) **MUST** ensure that -

- All the necessary information is present on the request form. Staff should **NOT** proceed with the venepuncture if this is not the case.
- Containers are legibly labeled with the correct details of the patient. In particular that the specimen details match those on the form and patient wrist band (if applicable).
- Containers are securely packaged so they do not leak and are unlikely to be broken on the way to the laboratory.
- Specimens to be transported by road are packaged in compliance with the Transport of Dangerous goods legislation.

- All Pathology laboratory staff involved in the receipt and testing of specimens are required to ensure that samples and forms are labelled to the standards set out in this document before testing can proceed.

4. PROCEDURE

4.1 Request forms

Data Set for Identification on ICE pathology requesting labels:

- **District Number or NHS number (For primary care & other trusts patients)**
- **Patient Surname and Forename (in full, not initials)**
- **Date of birth (DOB)**
- **Gender**
- **Patient address**
- **Request number barcode**

All of this data will correspond to that on PAS at the time the label is printed and the patient demographics should always be checked with the patient prior to taking samples.

Printed labels for attaching to sample tubes contain the following data –

- **District Number or NHS number**
- **Patient Surname and Forename**
- **Date of birth (DOB)**
- **Request number barcode**

Written request Minimum Data Set for Identification:

- **District Number and/or NHS number (For primary care & other trusts patients)**
- **Patient Surname and Forename (in full, not initials)**

- **Date of birth (DOB)**
- **Patient address if District Number /NHS number not supplied**

In addition to the minimum data set for patient identification please ensure all other relevant fields of the request form are completed:

- **Ward/ Practice, Consultant/GP**
- **Patient address**
- **Patient gender**
- **Date and time of collection**
- **Specimen type**
- **Investigation(s) required**
- **Name of requesting clinician and bleep number**
- **Relevant clinical details**
- **Current drug therapy**
- **Copy reports, if required**
- **Patient category (PP/ CAT 2 / NHS)**

No new request forms should be issued to patients without the district number. Requests from outpatient locations will continue to use "general numbers" for some time due to patients already having been given request forms without the district number present.

4.2 Specimen Details

Minimum Data Set for Identification:

- **Patient's Surname**
- **Patient's Forename (Initial is acceptable unless it is a blood transfusion sample, but full name is preferable)**
- **Date of Birth and/or District Number / NHS number** (both required for Blood Bank samples)

Please Note:

- Pre-printed addressograph labels are NOT acceptable on sample containers (except for samples labeled according to safe patient identification procedures and pre-approved by Pathology). This includes histopathology samples.
- Labels printed contemporaneously, i.e. beside patient and at the time that the sample is being taken, will be accepted on sample tubes if they include the minimum data set **and are initialled by the person taking the sample to confirm that they have verified identification with the patient.** (It is important that the size and thickness of labels placed on samples does not cause difficulties with sample testing. Therefore please seek guidance from the relevant department before using labels).
- If the correct procedures are being followed, ICE sample labels are printed using data obtained from the patient ID band or other patient associated

machine readable identification and are therefore more secure that the above labels.

- Addressograph labels are acceptable on request forms.
- Request form and sample details must correspond.

In addition to the minimum data sets for identification, samples will not be analysed if other essential information is incomplete. Please see additional department specific details for information.

4.3 Additional Department Specific Details:-

4.3.1 Blood Transfusion and Blood Grouping Requests

- **Person taking blood must sign specimen and request form**
- Request form must be signed by requesting Doctor.
- Latest Hb result and reason for transfusion, number of units required, time and date required, special requirements e.g. CMV negative or irradiated products required should be indicated on the form.
- Please refer to the current version of the Hospital Blood Transfusion policy PAT/T 2.

4.3.2 Clinical Biochemistry

- For glucose and lipids, state fasting or non-fasting.
- For drug analysis, time of last dose and time of sample collection are required.
- For antenatal screening for Down's syndrome and NTD, gestational age and patient weight must be provided.
- For pregnancy tests and female hormones, state LMP or day of cycle
- Patient gender **must** be included for reference ranges to be included on report.

4.3.3 Haematology

- Patient gender must be included for reference ranges to be included on report.

4.3.4 Microbiology

- Include specimen type and site
- **For antibiotic assay levels e.g. Gentamicin, a 'Gentamicin sticker' must be applied to the request form and the following information completed:**
  Mg of last dose given
  Date and Time of last dose
  Date and time that sample was taken (pre and post dose samples required for multiple dosing).
  Please refer to Gentamicin guidance document. Gentamicin labels are available from Pathology reception.

4.3.5 Histopathology

- Include specimen type and site on both request form and specimen container
- Indicate patient consent / objection to use of surplus tissue for education / Quality Control

4.3.6 Cytology

- Include LMP

4.4. Additional Information

4.4.1 Unidentified Patients

The request form and samples must include a unique identifier number which is available on PAS (i.e. District number), and patient gender.
All request forms must be signed.

4.4.2 GUM Patients

Where Patient name is not appropriate, then GUM number, patient gender and DOB will be acceptable.

4.4.3 Paediatric Samples/Gas syringes

Use labels provided and attach to each sample tube.

4.4.4 Health and Safety

In 2011 the HSE issued a reminder regarding the legal requirement to notify certain infection risks on pathology request forms (http://www.hse.gov.uk/safetybulletins/clinicalinformation.htm).

Affix 'Danger of Infection' stickers on samples **and** request forms from patients with the following conditions:

- Hepatitis B, Hepatitis C and HIV
- Cases of infective or suspected infective diseases of the liver
- Known or suspected cases of Mycobacteria (TB)
  Salmonella typhi / paratyphi (Typhoid / Paratyphoid)
  E.coli 0157
  Dysentery with Shigella dysenteriae
  Brucellosis
- Patients in at-risk groups

4.5. Inadequate and Incorrectly Labelled Requests and Unsuitable Samples

The Directorate will make every effort to ensure requests are processed in a safe and timely manner but it is essential that request forms and samples are labeled appropriately and legibly in compliance with this policy.

It is also important to clearly identify the investigations required with relevant supporting information.

If you have any doubts regarding this policy please ring the relevant department for further information.

Specimens will **not** be accepted for analysis if: -

- There is no unique identification of the patient i.e. they do not meet the minimum data set for identification.
- Blood transfusion requests without handwritten identification details
- There is an incorrect sample type or tube
- Incorrect transportation conditions
- Sample is received in a hazardous condition e.g. leaking or sharps attached.
- Sample or request form is unlabelled or incorrectly labeled with less than the minimum data sets for patient identification
- Request form does not include all the essential additional information e.g. fully completed gentamicin label
- Pre-printed addressograph label used on sample container (with the exception of samples labeled according to safe patient identification procedures and pre-approved by Pathology)
- Mismatch of details between the form and sample(s)
- The information provided is illegible

5. TRAINING/ SUPPORT

This policy and the Patient identification policy are referenced during the Pathology section of Trust induction.

The Trust provides training in phlebotomy techniques and the additional requirements associated with transfusion samples. This training includes all relevant aspects of this policy.

Training in the use of the ICE order communications system is available via the IT trainers.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Accuracy of request form & specimen container labelling. Suitability of samples for analysis.	Pathology reception staff.	Every request checked.	As detailed in section 4.5, breaches which prevent analysis will be recorded on outgoing reports. Clinical staff may have to re-label unrepeatable specimens before they can be analysed.

Significant breaches are reported as incidents via DATIX.	Reported by Pathology reception staff		To Matrons & Risk office
Performance of individual CSUs is monitored by pathology.	Logged by Pathology reception staff & analysed by senior staff.	All requests monitored. Outcome reported annually.	Compliance reported and targets set as part of the SQLAs between individual CSUs and Pathology.

7. DEFINITIONS

ABBREVIATIONS LIST:

- Hb Haemoglobin
- CMV Cytomegalovirus
- NTD Neural Tube Defect
- LMP Last Menstrual Period

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

A copy of the EIA is available on request from the HR Department.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Blood Transfusion policy PAT/T 2
- Patient Identification Policy PAT/PS 7

NB - According to the Patient identification policy, any patients who are unable or unwilling to identify themselves to the required level must be handled by the requesting staff as an “unidentified patient”. Therefore the Trust’s Mental Capacity Act 2005 Policy and Procedure - PAT/PA 19 and the Privacy and Dignity Policy - PAT/PA 28 do not apply to this policy.