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| TITLE: EZ Required Criteria for Laboratory Requisitions and Specimens | Doc #: SPA.15 |
| Section: Specimen Procurement and Accessioning | Version: 8 |
| Document Owner: Pre-analytical Senior Technologist | Effective Date: Feb 11, 2023 |
| Final Approval: PLM Director | Review Date: See QPulse |

This entire document has been revised in Version 7

Purpose

To outline the criteria for acceptance of specimens and requisitions by Pathology and Laboratory Medicine, Nova Scotia Health, Eastern Zone, to ensure the unequivocal identification of the patient.

Abbreviations and Definitions

CBR - Cape Breton Regional Hospital

CRH - Meditech mnemonic for Colchester Regional Hospital (Colchester East Hants Health Center)

CSF - Cerebrospinal Fluid

EZ - Eastern Zone

HCP - Healthcare Provider

ID - Identification

IP - Independent Phlebotomist

LIS - Laboratory Information System (Meditech CS Version 5.66)

PAP - Papanikolaou

PLM - Pathology and Laboratory Medicine

SIMS - Safety Improvement and Management System

TNP - Test not Performed

Witness - Person that is present during verification of patient identity and collection of a transfusion medicine specimen

Legible - Capable of being read or deciphered

Safety Precautions

Standard Laboratory Precautions Apply. Refer to SAFE.8

Materials

| |
|---|
| Equipment |
| Computer with Meditech, Current Version |
| Meditech Label Printer |

Procedure

All specimens must be accompanied by a requisition or **Large Meditech demographic label acting as a requisition**

For information on requisition requirements, see procedure 1.

For information on specimen requirements, see procedure 2.

1. Requisition or Large Meditech Demographic label acting as requisition (Visual Aid for Meditech Labels - see Appendices)

| Step | Action | | | | | | | | | | | | |
|---|--|---|-------------------|---|-------------------|--------------------------|--|-----------------------|--|----------------------|---|-----------|--|
| 1.1 | <p>Ensure requisition or Large Meditech Demographic Label has the following legible information upon receipt in lab:</p> <ol style="list-style-type: none"> 1. Client’s legal name and Date of birth 2. Person specific client identifier, Provincial Health Card preferred (see CL-SR-025) 3. Time of collection (not required for Cytology specimens) 4. Date of collection 5. Identity of Collector - must be one of the following: <table border="1" data-bbox="444 793 1463 1031"> <tr> <td data-bbox="444 793 951 873">Nova Scotia Health staff with Meditech mnemonic</td> <td data-bbox="951 793 1463 873">Meditech mnemonic</td> </tr> <tr> <td data-bbox="444 873 951 953">Non-Nova Scotia Health staff or Do not have Meditech mnemonic</td> <td data-bbox="951 873 1463 953">Name of collector</td> </tr> <tr> <td data-bbox="444 953 951 1031">Independent Phlebotomist</td> <td data-bbox="951 953 1463 1031">IP Agreement Number and complete and legible signature</td> </tr> </table> 6. For paper requisitions, Authorized Prescriber/Requestors who are not in the Meditech provider dictionary also require a fax number and 24 hour contact phone number <table border="1" data-bbox="347 1171 1463 1856"> <thead> <tr> <th data-bbox="347 1171 594 1255">If requisition is for</th> <th data-bbox="594 1171 1463 1255">then requisition or Large Meditech Demographic Label must also include</th> </tr> </thead> <tbody> <tr> <td data-bbox="347 1255 594 1646">Transfusion Medicine</td> <td data-bbox="594 1255 1463 1646"> <ul style="list-style-type: none"> • full, legible signature of collector • full, legible signature of witness • date of collection must be handwritten on Large Meditech demographic labels <p>Note: Full, legible signature is not defined in the provincial Venipuncture Policy NSHA-CL-BP-040. The intent of the signatures is to confirm the patient identity has been verified. This is the responsibility of the collector and witness at the time of collection. It is not the responsibility of lab staff to interpret signatures.</p> </td> </tr> <tr> <td data-bbox="347 1646 594 1856">Histology</td> <td data-bbox="594 1646 1463 1856"> <ul style="list-style-type: none"> • patient’s relevant clinical history • clearly documented specimen type and anatomical location accurately matching the specimen type and location on the container(s) • Health Care Provider signature </td> </tr> </tbody> </table> | Nova Scotia Health staff with Meditech mnemonic | Meditech mnemonic | Non-Nova Scotia Health staff or Do not have Meditech mnemonic | Name of collector | Independent Phlebotomist | IP Agreement Number and complete and legible signature | If requisition is for | then requisition or Large Meditech Demographic Label must also include | Transfusion Medicine | <ul style="list-style-type: none"> • full, legible signature of collector • full, legible signature of witness • date of collection must be handwritten on Large Meditech demographic labels <p>Note: Full, legible signature is not defined in the provincial Venipuncture Policy NSHA-CL-BP-040. The intent of the signatures is to confirm the patient identity has been verified. This is the responsibility of the collector and witness at the time of collection. It is not the responsibility of lab staff to interpret signatures.</p> | Histology | <ul style="list-style-type: none"> • patient’s relevant clinical history • clearly documented specimen type and anatomical location accurately matching the specimen type and location on the container(s) • Health Care Provider signature |
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| | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">If specimen is entered into the LIS and:</th> <th style="background-color: #cccccc;">then:</th> </tr> <tr> <td style="padding: 5px;">performing site is CBR</td> <td style="padding: 5px;">requisition should also have an admission label and a meditech label</td> </tr> <tr> <td style="padding: 5px;">performing site is CRH</td> <td style="padding: 5px;">requisition should also have a meditech label</td> </tr> </table> | If specimen is entered into the LIS and: | then: | performing site is CBR | requisition should also have an admission label and a meditech label | performing site is CRH | requisition should also have a meditech label | |
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| performing site is CRH | requisition should also have a meditech label | | | | | | | | |
| | Cytology | <ul style="list-style-type: none"> specimen type and anatomical location Health Care Provider signature clinical history (exception is sputum) | | | | | | | |
| | Microbiology | <ul style="list-style-type: none"> specimen type and source if more than one specimen submitted | | | | | | | |
| 1.2 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">If</th> <th style="background-color: #cccccc;">then</th> </tr> <tr> <td style="padding: 5px;"><u>All</u> above requirements are met</td> <td style="padding: 5px;">proceed with registration and/or receipt</td> </tr> <tr> <td style="padding: 5px;"><u>Any</u> above requirements are not met</td> <td style="padding: 5px;"> <ul style="list-style-type: none"> proceed with registration if possible and/or receipt TNP in Meditech with external comment for reason. Notify the nursing unit, referring site or physician as soon as possible to facilitate prompt recollection of the sample. <ul style="list-style-type: none"> For inpatients, the unit must be notified by phone call. For outpatients, the TNP report is broadcast File a SIMS <p>Note: Exception is irretrievable specimens. See section 3</p> </td> </tr> </table> | If | then | <u>All</u> above requirements are met | proceed with registration and/or receipt | <u>Any</u> above requirements are not met | <ul style="list-style-type: none"> proceed with registration if possible and/or receipt TNP in Meditech with external comment for reason. Notify the nursing unit, referring site or physician as soon as possible to facilitate prompt recollection of the sample. <ul style="list-style-type: none"> For inpatients, the unit must be notified by phone call. For outpatients, the TNP report is broadcast File a SIMS <p>Note: Exception is irretrievable specimens. See section 3</p> | | |
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2. Label on Specimen

Type of label can include:

- Manufacturer label on specimen, or slide / information is handwritten
- Pre-printed label (non-Meditech)
- Small Meditech label for blood specimens
- Large Meditech Label (preferred) or Small Meditech Label for Microbiology and Histology specimens

Note: See Appendices for Visual Aids for Meditech Labels

| Step | Action | | | | | | | | | | | | | | | | |
|---|--|---|-------------------|---|-------------------------------|--------------------------|-------------------------------|--------------------|---------------------------------------|----------------------|---|-----------|--|----------|--|--------------|--|
| 2.1 | <p>Ensure specimen is labelled with the following legible information upon receipt in lab:</p> <ol style="list-style-type: none"> 1. Client’s legal name and Date of birth 2. Person specific client identifier, Provincial Health Card preferred (see CL-SR-025) 3. Time of collection (not required for Cytology specimens) 4. Date of collection 5. Identity of Collector - must be one of the following: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Nova Scotia Health staff with Meditech mnemonic</td> <td style="width: 50%;">Meditech mnemonic</td> </tr> <tr> <td>Non-Nova Scotia Health staff or Do not have Meditech mnemonic</td> <td>Name or initials of collector</td> </tr> <tr> <td>Independent Phlebotomist</td> <td>Name or Initials of collector</td> </tr> </table> <p>Note: Exception – Collector ID not required on specimen if this information is documented on paper requisition or Large Meditech Label that accompanies the specimen.</p> <p>Note: PT or patient is acceptable, but not required, for patient self collect.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d3d3d3;">If specimen is for</th> <th style="background-color: #d3d3d3;">then specimen label must also include</th> </tr> </thead> <tbody> <tr> <td>Transfusion medicine</td> <td> <ul style="list-style-type: none"> • collector initials • witness initials • For Meditech specimen labels, the date of collection must be handwritten. <p>Note: Upon receipt in Transfusion Medicine, ensure the signature of the collector and witness on the requisition or Large Meditech Demographic label reasonably matches the initials of the collector and witness on the specimen.</p> </td> </tr> <tr> <td>Histology</td> <td> <ul style="list-style-type: none"> • clearly documented specimen type and anatomical location accurately matching the specimen type and location on the requisition </td> </tr> <tr> <td>Cytology</td> <td> <ul style="list-style-type: none"> • specimen type and source </td> </tr> <tr> <td>Microbiology</td> <td> <ul style="list-style-type: none"> • specimen type and source </td> </tr> </tbody> </table> | Nova Scotia Health staff with Meditech mnemonic | Meditech mnemonic | Non-Nova Scotia Health staff or Do not have Meditech mnemonic | Name or initials of collector | Independent Phlebotomist | Name or Initials of collector | If specimen is for | then specimen label must also include | Transfusion medicine | <ul style="list-style-type: none"> • collector initials • witness initials • For Meditech specimen labels, the date of collection must be handwritten. <p>Note: Upon receipt in Transfusion Medicine, ensure the signature of the collector and witness on the requisition or Large Meditech Demographic label reasonably matches the initials of the collector and witness on the specimen.</p> | Histology | <ul style="list-style-type: none"> • clearly documented specimen type and anatomical location accurately matching the specimen type and location on the requisition | Cytology | <ul style="list-style-type: none"> • specimen type and source | Microbiology | <ul style="list-style-type: none"> • specimen type and source |
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| Microbiology | <ul style="list-style-type: none"> • specimen type and source | | | | | | | | | | | | | | | | |

| | | |
|-----|---|--|
| 2.2 | If | then |
| | <u>all</u> above requirements are met | proceed with registration and/or receipt |
| | <u>Any</u> above requirements are not met | <ul style="list-style-type: none"> • proceed with registration if possible and/or receipt • TNP in Meditech with external comment for reason. • Notify the nursing unit, referring site or physician as soon as possible to facilitate prompt recollection of the sample. <ul style="list-style-type: none"> ○ For inpatients, the unit must be notified by phone call. ○ For outpatients, the TNP report is broadcast • File a SIMS <p>Note: Exception is irretrievable specimens. See section 3</p> |

3. Irretrievable Specimens

| Step | Action |
|------|--|
| 3.1 | Consider testing/processing of irretrievable specimens which do not meet criteria in Step 1 and 2 above. This may include: <ul style="list-style-type: none"> • Histology/Cytology Specimens (Other than urine and sputum) • Body fluids • Blood Cultures • Biopsies • Kidney Stones • CSF • Needle aspirates • PAP smears |
| 3.2 | Contact the unit, HCP, or place of origin to advise that a specimen and/or requisition was received with unmet labelling criteria |
| 3.3 | Provide opportunity for unit/physician/place of origin to unequivocally rectify the unmet criteria. <ul style="list-style-type: none"> • Histology/Cytology specimens, refer to PATH.161, complete an Authorization to Proceed with Testing Form (PATH.140), and send specimen, requisition and PATH.140 form back to place of origin for correction and signature. |
| 3.4 | File a SIMS |

Procedural Notes

1. Specimens are registered according to the requisition.
2. Continuing Care staff are employees of Nova Scotia Health, and do not require an IP agreement or IP Collector ID. Continuing Care offices are located in rural areas of Eastern Zone. These employees do not have Meditech mnemonics. Continuing Care staff follow provincial and zonal policies and procedures for collection, labeling and drop off specimens.

Principle

The laboratories within Nova Scotia Health, Eastern Zone require adherence to the most stringent rules for specimen identification to protect patients from incorrect laboratory data.

To this end, only specimens with the required identification details will routinely be accepted.

The responsibility of determining a full, legible signature is borne by the collector or witness, in compliance with the provincial Venipuncture for Blood Specimen Collection Policy NSHA-CL-BP-040.

Related Procedures and Documents

| Document Name | Document # | Location |
|---|----------------|----------|
| Authorization to Proceed With Testing Form | PATH.140 | QPulse |
| Venipuncture for Blood Specimen Collection | NSHA-CL-BP-040 | OP3 |
| Patient Identification | CL-SR-025 | OP3 |
| Central Venous Access Device: Blood Specimen Collection - Adult | CL-PT-003 | OP3 |
| EZ Correction of Laboratory Reports | GEN.80 | QPulse |
| Submission of Histology Specimens | PATH.161 | QPulse |

Authorship

EZ PLM Quality Specialists

Appendix

- A - Visual Aid for Meditech Labels for Blood Specimen, non Transfusion Medicine
- B - Visual Aid for Meditech Labels for Blood Specimen for Transfusion Medicine Testing
- C - Visual Aid for Meditech Labels for Microbiology and Histology Specimens

Appendix A – Visual Aid for Meditech Labels for Blood Specimen, non Blood Transfusion

Large Demographic Label

- acting as requisition

Small Specimen Label –

- place on blood specimen



Aliquot Label - also acceptable to place on blood specimen

Appendix B – Visual Aid for Meditech Labels for Meditech Labels on Blood Specimen for Blood Transfusion testing

Large Demographic Label

- acting as requisition

Small Specimen Label – place on blood specimen

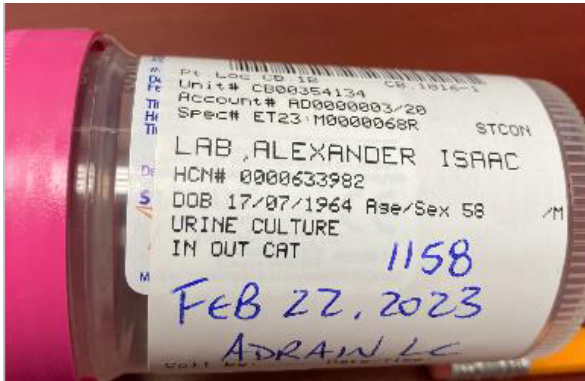


Aliquot Label - also acceptable to place on blood specimen

| <u>Large demographic label</u> | <u>Small specimen/aliquot label</u> |
|--------------------------------|-------------------------------------|
| 1. Date | 1. Date |
| 2. Time | 2. Time |
| 3. Collector Mnemonic | 3. Collector Mnemonic |
| 4. Collector signature | 4. Collector sign initials |
| 5. Witness signature | 5. Witness sign initials |

Appendix C – Visual Aid for Meditech Labels for Microbiology and Histology Specimens

Example 1: Microbiology Urine culture:



Handwritten on Large Meditech Label (preferred):

- 1 Date
- 2 Time
- 3 Collector mnemonic
- 4 Specimen type and source part of Meditech label

Example 2: Microbiology Swab:



- Large Meditech Label “Flapped” on sample
- Label placed so barcode can be scanned

Label applied after checking expiry date/can apply label so expiry date is shown

- 1 Date
- 2 Time
- 3 Collector Mnemonic
- 4 Specimen type and source part of Meditech label

Example 3: Pathology Specimen



Handwritten on Large or small label:

- 1 Date
- 2 Time
- 3 Collector name or mnemonic
- 4 Specimen type and anatomical location