

Adequate patient identification, patient preparation, specimen collection, and specimen handling are essential prerequisites for accurate testing.

PATIENT IDENTIFICATION

Proper patient identification is crucial to ensuring that the blood specimen is being drawn from the individual designated on the Request Form.

In areas where a physician/nurse/staff draw laboratory specimens, proper patient identification and specimen labeling will be the responsibility of the physician/nurse/staff member.

Ask the patient to give his or her full name, address, and date of birth. Compare this information with the information on the Request Form and/or the patient's identification bracelet.

1. If the patient is unconscious, very young, deaf, or unable to speak the language of the phlebotomist, a nurse, relative, or friend should be asked to identify the patient.
2. Inpatients: Should a hospital identification bracelet not be found, please request one from the nurse—even if it must be handwritten (including patient name, hospital number, and date of birth). The nurse will identify and place an identification band on the patient. **Do not collect specimen unless this requirement is met.**
3. Identification standards established by the American Association of Blood Banks provide clear guidelines to be used when collecting blood specimens from unidentified emergency patients. The patient must be positively identified when the blood specimen is collected. The unidentified emergency patient should be given some temporary but clear designation until positive identification can be made. In all cases, the name and hospital number of the emergency identification should be attached to the patient's body either by wristband or some similar device.

SPECIMEN COLLECTION

Collect blood specimens using accepted venipuncture/skin puncture technique. Draw whole blood in an amount 2 1/2 times the required volume of serum so that a sufficient amount of serum can be obtained.

PROCEDURE FOR VENIPUNCTURE

1. Verify the patient's diet restrictions and inquire about latex sensitivity.
2. Select a venipuncture site.
Note: Although the fuller median cubital and cephalic veins are used most frequently, veins on the back of the hand are acceptable for venipuncture. Be careful to notice if certain veins or arms are restricted from use, as in mastectomy cases.
3. Apply the tourniquet and palpate the vein to determine the adequacy of the vein for the amount of blood to be drawn. Do **not** draw blood from a site with a hematoma.
Note: Prolongation of tourniquet application may produce erroneous test results. Do not leave the tourniquet on the patient's arm longer than 1 minute. Do not allow patient to "pump" his or her hand.
4. Wash hands thoroughly prior to phlebotomy and between patients.
5. Wearing gloves, cleanse the skin with a commercially prepared alcohol pad using a circular motion from the center to the periphery.
Note: When collecting a blood alcohol, do not use an alcohol pad. Use a povidone- iodine prep to cleanse the site. Do not use swabs or ampules containing iodine tinctures, because these products use alcohol diluents.
6. Allow the skin to air dry to avoid hemolysis of the blood and to prevent the patient from experiencing a burning sensation when the venipuncture is performed. If the site must be touched again, re-cleansing is necessary.
7. Hold the patient's arm firmly using the thumb to pull the skin taut to anchor the vein. The thumb should be 1–2 inches below the venipuncture site.
8. With the bevel up, puncture the vein with the needle at an angle of insertion of 30 degrees or less. Keeping the needle as stable as possible in the vein, push/connect the first tube onto the needle.
9. Remove the tourniquet as soon as blood flow is established.
10. Fill the tube until blood flow ceases for correct blood to anticoagulant ratios and to ensure that a proper amount of specimen is available for analysis.
Note: Blue top coagulation tubes must always be completely filled. (Please see "Special Handling Instructions for Coagulation Studies" for more information.)

Procedure for Venipuncture (continued)

The acceptable order of draw for multiple samples is:

- Blood culture bottle(s)
- Coagulation tube (Blue top, sodium citrate)
- Serum tube with or without clot activator, with or without gel (i.e., Gold top tube)
- Heparin tube (Green top)
- EDTA tube (Lavender top)
- Glycolytic inhibitor (Gray top, oxalate-fluoride tube)
- Other additive tubes

Note: *Glass (no additive) serum tubes may be drawn before the coagulation tube.*

Note: *When using a winged blood collection set with a coagulation tube as the first tube to be drawn, a discard tube must be drawn first to fill the blood collection tubing dead space. The discard tube must be a glass (no additive) or a coagulation tube.*

11. Mix the additive tubes immediately after collection by **gentle** inversion 8–10 times.

12. Place a gauze pad over the venipuncture site. Applying light pressure, remove the needle from the vein, and activate the safety mechanism.

13. After applying mild pressure to the site, check that bleeding has ceased. Apply a bandage and instruct the patient to leave the bandage on for 15 minutes.

Note: *Pressure, applied with a gauze pad, must continue at the site as long as necessary to stop the bleeding.*

14. Dispose of needles, syringes, and disposable Vacutainer® holders in sharps container

15. Hand label tubes or place ID labels on the tubes. Please refer to SPECIMEN LABELING, page 3.7, for more information.

PROCEDURE FOR BLOOD CULTURE COLLECTION

Supplies

- Gloves
- Winged blood collection set and holder
- Alcohol preps
- Povidone-iodine preps or iodine tincture ampules
- BacT/ALERT® blood culture bottles
- Gauze

(For allergic patients, a second alcohol prep can be substituted for iodine.)

Procedure

1. Remove the metal flip caps of one aerobic and one anaerobic BacT/ALERT blood culture bottle and wipe each bottle with an alcohol prep pad, leaving the pad in place until inoculation of the bottle.
2. Wearing gloves, locate the venipuncture site. Cleanse the site with an alcohol prep pad or 30 seconds. Allow to dry unaided.
3. Cleanse the site with povidone-iodine or iodine tincture, starting at the point of projected needle insertion and moving in an ever-increasing circular pattern of 1 1/2 to 2 inches. Allow to dry unaided for 60 seconds.
4. For patients with iodine hypersensitivity, skip step 3. Cleanse the site with a new alcohol prep pad. Scrub for 60 seconds and let the area air dry unaided prior to the venipuncture.
5. Apply a tourniquet proximal to the point of venous entry. The venipuncture site must not be palpated following disinfection.
6. Perform the venipuncture.

Note: *The volume of blood collected is critical.*

- a. For **adult draws**, inoculate each bottle (aerobic followed by anaerobic) with 10 mL of blood.
- b. For **pediatric** or **difficult adult draws**, inoculate only the **aerobic** bottle with at least 1 to 10 mL of blood.

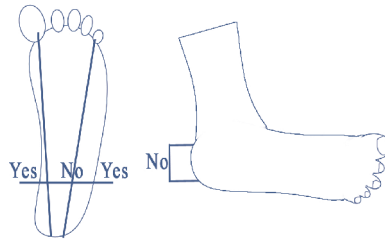
Note: NICU specimens can be as little as 1 to 3 mL of blood.

7. Label the bottles. Please refer to SPECIMEN LABELING, page 3.7 for more information.
8. Cleanse the venipuncture site with an alcohol prep pad to remove the remaining iodine.
9. Apply a bandage.
10. Transport specimens to the laboratory at room temperature. **Do not refrigerate.**

PROCEDURE FOR SKIN PUNCTURE AND BLOOD COLLECTION FROM INFANTS

A limited number of test procedures can be done on micro blood samples. Microtest procedures generally require blood sample collection ranging from 0.1-0.6 mL (100- 600 uL). In newborns, when the hematocrit may be elevated, the whole blood sample collected may need to be three times as much as the actual test sample requirement in order to yield an adequate volume of serum for testing. (See list of “Minimum Specimen Requirements for Newborn/ Pediatric/Adult Difficult Draw Patients” found on page 3.13 of this section.)

1. Sites for skin puncture
 - a. Lateral or medial plantar heel surface (see illustration)
 - b. Plantar surface of the big toe (do not use for newborns)
 - c. Palmar surface of the last segment of the finger (do not use for newborns)



2. Skin puncture precautions
 - a. Skin puncture site must not be edematous as accumulated tissue fluid will contaminate the blood specimen.
 - b. To avoid possible spread of infection, do not puncture through a previous puncture site.
 - c. Palmar surface of the last segment of the finger (do not use for newborns).
3. If necessary, cover the heel with a warm towel or infant heel warmer for three minutes prior to collection to enhance blood flow.
4. Wearing gloves, thoroughly cleanse the puncture site area using a sterile alcohol prep pad. Allow time for the alcohol to evaporate or dry with a sterile gauze pad before the skin is punctured, as residual alcohol will cause rapid hemolysis of the specimen.
5. Use a BD Microtainer® QuikHeel™ lancet or other approved device.
6. Wipe away the first drop of blood (which may contain tissue fluid) with a dry gauze pad before beginning the actual blood collection.
7. Collect the specimen using the appropriate containers. Blood flow will be enhanced if the puncture site is held downward and gentle or moderate continuous pressure is applied to the surrounding area.

Note: Strong repetitive pressure (i.e., milking) may cause hemolysis, contamination of specimen with tissue fluid, and clotting of the blood.

Note: The acceptable order of draw for multiple samples is:

PROCEDURE FOR SKIN PUNCTURE AND BLOOD COLLECTION FROM INFANTS

(continued)

- EDTA (Lavender Microtainer[®])
 - Heparin (Green Microtainer[®])
 - Serum with clot activator, with or without gel separator (Yellow Microtainer[®])
 - Serum non additive (Red Microtainer[®])
8. Specific specimen collection for Pennsylvania Department of Health Newborn Screening Blood Collection Form (filter paper):
- a. Prior to obtaining the specimen, properly complete the filter paper form with all the information requested. Note: Patient date and time of birth, specimen draw date and time are mandatory fields. Failure to provide this information will result in an unacceptable specimen and will require specimen recollection.
 - b. Collect the specimen directly onto the filter paper form. Do not collect in capillary tubes and transfer to form.
 - c. Allow a large drop of blood to form. Touch formed drop onto the center of each of the printed circles on the form.
 - d. Allow blood to saturate the circle so that the white portion within each circle is no longer visible on the front and back side of the paper.
Note: A single large drop of blood should be used to saturate the filter paper circle. Avoid a layering technique (i.e., method whereby the filter paper is touched to several drops of blood.)
 - e. Repeat the procedure for all four circles on the filter paper form. Do not touch or handle the filter paper in the circled collection areas.
 - f. Allow the collected filter paper forms to air dry horizontally for 3-4 hours at room temperature and away from direct sunlight.
 - g. Deliver specimens enclosed in glassine envelopes immediately to the laboratory.

SPECIMEN LABELING

Careful labeling is vital to accurate results. Never label tubes/containers prior to collection. All specimens must be labeled before leaving the patient's side.

Proper labeling includes HNL's computer-generated labels or hand labeled tubes printed with the following information:

- Patient Full Name, Date of Birth and/or Social Security Number
- Date and Time of Collection
- Initials or Tech Code of person collecting specimen
- Site of venipuncture (for blood culture specimens only)
- Specimen type (for aliquots)

Note: *If HNL's computer generated label is used, the initials of the phlebotomist and the actual time of collection must be handwritten on the label.*

Note:

- All outpatient **Blood Bank** specimens drawn for type and crossmatch or for a possible transfusion **MUST** include the patient's full name, Typenex™ Band Identification Number, and either their medical record number, date of birth, or social security number.
- All other outpatient **Blood Bank** specimens **MUST** be labeled with the patient's full name and either their medical record number, date of birth, or social security number.
- All specimens **MUST** include the date and time of collection and the initials or tech code of the person collecting the specimen.

SPECIMEN PROCESSING AND TRANSPORT

When processing specimens, adhere to the following guidelines:

- Serum:** Place tube in an upright position and allow blood to clot a minimum of 30 minutes (but no longer than 1 hour).
- Plasma:** Centrifuge immediately upon receipt or after drawing.

Leaving the tube stopper on, centrifuge either specimen type at approximately 3000 rpm for 15 minutes. Please note that some analytes require very specific handling. Always consult test listing prior to processing. When using a bench top centrifuge, it is essential to utilize a balance tube of the same type containing an equivalent volume of water. Allow the centrifuge to come to a complete stop. **NEVER** stop by hand or rake. Carefully remove the tube from the centrifuge without disturbing the contents. When indicated, transfer the serum or plasma into an appropriately labeled plastic aliquot tube.

It is vital that specimens be maintained at the proper temperature to ensure specimen integrity. For tests in which no specific storage requirements are noted under the alphabetical test listing, specimen should be refrigerated until transport.

The following definitions apply:

- Room temperature 15 to 30 degrees C
- Refrigerated 2 to 8 degrees C
- Frozen -20 to 0 degrees C

If a frozen specimen is required, it is essential to process, aliquot and freeze the specimen as soon as possible. Always freeze the specimen in appropriately labeled plastic aliquot tubes, available from the laboratory. Submit one plastic aliquot tube for each test. If duplicate tests are submitted on one frozen aliquot, Health Network Laboratories cannot guarantee that all requested testing can be completed.

Frozen specimens must be transported in the frozen state. Never allow frozen specimens to be transported without dry ice. Specimens, when readied for transport, should be completely inserted into the dry ice. Please indicate to the HNL courier which specimens must be transported frozen. Frozen specimens which have been allowed to thaw cannot be refrozen and are unacceptable for analysis.

Place each blood collection vial, leakproof aliquot tube, or primary specimen container in a zip lock specimen transport bag available from HNL. The bags are double pouched and biohazard labeled. The specimen should be placed in the sealable compartment and the completed requisition slip placed in the outer pouch to prevent contamination. Please ensure the containers and bags are properly sealed to avoid spills.

24-HOUR URINE COLLECTION

Instructions

1. Obtain the proper collection container(s) from the laboratory.
2. Write the patient's first and last name and date of birth on the container label(s).
3. Instruct patient to:
 - Discard the first morning specimen on the first day of collection. Write the date and time of this voiding on the container label in the "collection began" space.
 - Do not urinate directly into the container, for this container may contain a strong chemical preservative that may cause burns or skin irritation.
 - Collect all voidings for the next full 24 hours and pour them into the container; include the first morning specimen on the second day, even if over the 24 hours.
 - The container must be refrigerated during the entire 24-hour collection period.
 - When the collection is complete, mark the date and time on the container label.
4. If more than one collection container was used during the 24-hour period, please label bottles as #1 of 2 and #2 of 2.
5. Send the urine collection container(s) to the laboratory upon completion. Make sure that a physician's request accompanies the specimen.

CLINICIAN CYTOBRUSH/SPATULA COLLECTION PROTOCOL

Instructions

1. Sample ectocervix with plastic spatula.
2. Rinse spatula in the PreservCyt vial by swirling vigorously 10 times. Place cap on vial until step 4. Discard collection device.
3. Sample endocervix with the Cytobrush device. Insert the Cytobrush device until only the bottom most fibers are exposed. Slowly rotate 1/2 turn in one direction. Do not over-rotate. Remove device.
4. Rinse the Cytobrush in the PreservCyt solution by rotating the device in the solution 10 times while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material. Discard the collection device.
5. Tighten the PreservCyt vial cap so that the torque line on the cap passes the torque line on the vial.
6. Record the patient's full name and ID number on the PreservCyt vial.
7. Record the patient information and medical history on the Cytology requisition form.
8. Place the PreservCyt vial and Cytology requisition form in the collection bag for transport to the laboratory. Transport to Cytology laboratory according to the standard clinic procedure.

Reference:

CYTYC Corporation, 237 Center Hill Street, Marlborough, MA 01752

SPECIAL HANDLING INSTRUCTIONS FOR COAGULATION STUDIES

1. Drawing of Coagulation studies

- A clean venipuncture is essential to avoid platelet and coagulation activation. Winged collection sets, when used in combination with smaller gauge needles, should be used with caution.
- Utilize a 3.2% buffered sodium citrate tube. Hematocrits >55% must have the anticoagulant adjusted and require a special blue top tube obtained from the laboratory.
 - The acceptable order of draw for multiple samples is:
 - Blood culture bottle(s)
 - Coagulation tube (Blue top, sodium citrate)
 - Serum tube with or without clot activator, with or without gel (i.e., Gold top tube)
 - Heparin tube (Green top)
 - EDTA tube (Lavender top)
 - Glycolytic inhibitor (Gray top, oxalate-fluoride tube)
 - Other additive tubes

Note: Glass (no additive) serum tubes may be drawn before the coagulation tube.

Note: If only a coagulation Blue top tube is to be drawn for the routine testing of PT or APTT, a discard tube is not required.

Note: When using a winged blood collection set with a coagulation tube as the first tube to be drawn, a discard tube must be drawn first to fill the blood collection tubing dead space. The discard tube must be a glass (no additive) or a coagulation tube.

- Avoid contamination of the specimen with heparin from “lines” by performing a saline “flush” followed by a 5 mL blood discard.
- Fill Blue top tubes until blood flow ceases and mix by gentle inversion. Specimens containing fibrin clots will be rejected.
- Deliver coagulation specimens immediately to the laboratory, or follow specific processing guidelines if specimens are processed prior to transport.

(continued)

Special Handling Instructions for Coagulation Studies (continued)

2. Processing of Coagulation studies

- Valid results can only be obtained when coagulation specimens have been handled and processed correctly. Please refer to the alphabetical test listing of this handbook for the type of processing required for each individual coagulation test.
- For coagulation studies that require the preparation of “platelet-poor plasma prior to freezing the specimen:
 - Immediately centrifuge the blue top tube(s) at approximately 1700-2000 x G for 10 minutes. Carefully remove the plasma from cells using a plastic transfer pipette. Dispense the plasma into a plastic aliquot tube and centrifuge again at 1700-2000 x G for an additional 10 minutes.
 - Again, carefully remove the plasma from cells using a plastic transfer pipette. Dispense the plasma into a plastic aliquot tube and centrifuge a third time at 1700-2000 x G for an additional 10 minutes.
 - At the end of the third spin, using a plastic transfer pipette, transfer the plasma into the required number of plastic aliquot tubes (preferably polypropylene). Use caution to only remove the top part of the plasma, leaving approximately 100-200 uL undisturbed in the bottom of the tube.

Note: Aliquot 1.5-2.0 mL into each properly labeled plastic aliquot tube. Each aliquot tube should also be labeled with a “platelet-poor plasma” sticker. Submission of specimens in glass tubes is unacceptable. The number of aliquot tubes required for each individual assay can be found in the alphabetical test listing section of this handbook.

- Quick-freeze the specimens at -40°C to -60°C. Transport the frozen, aliquoted specimens surrounded by an adequate amount of dry ice. Specimens must arrive in the laboratory in a frozen state. Previously frozen specimens that have thawed during transport are unacceptable for testing.



SPECIMEN COLLECTION, PREPARATION & HANDLING

MINIMUM SPECIMEN REQUIREMENTS FOR NEWBORN/PEDIATRIC OR ADULT DIFFICULT DRAW PATIENTS

Following are the absolute minimum amounts of acceptable specimens required for performing tests on the above types of patients. It is important that specimens be collected in the specific tubes mentioned since this will yield the maximum amount of useable specimen.

Please be aware that when the minimum amounts are submitted, it does not allow for tests to be repeated or for tests to be added on at a later time. These minimums are yielded under ideal patient conditions.

For Neonatal Intensive Care Unit babies, please be as conservative as possible when collecting blood specimens by heel stick.

| TEST | MINIMUM AMOUNT AND CONTAINER |
|--|---|
| Alkaline Phosphatase | One full Yellow, Green or Red Microtainer® |
| Amylase and Lipase | One full Yellow, Green or Red Microtainer® |
| Antibiotic or Drug Level | One full Red Microtainer® |
| Bilirubin, Total and/or Direct | One full Yellow, Green or Red Microtainer® |
| Blood Culture Peds NICU/NSY only Adults | 1-10 mL in blue BacT/Alert® bottle 1-3 mL in blue BacT/Alert® bottle * 10 mL each bottle, Blue and Purple |
| Blood Type | One full Lavender Microtainer® |
| Basic Metabolic Profile | One full Yellow, Green or Red Microtainer® |
| CBC/Diff) | One full Lavender Microtainer® (500 uL) |
| Cholesterol | One full Yellow, Green or Red Microtainer® |
| CK | One full Yellow, Green or Red Microtainer® |
| Cold Agglutinin | Two full Red Microtainer®s |
| Comprehensive Metabolic Panel | Half full pediatric Red top tube (2 mL) |
| Copper | 2 mL serum in royal Blue top trace metal tube, red label |
| Direct Coombs (DAT) | One full Lavender Microtainer® |
| Electrolytes (Na, K Cl, CO2) | One full Yellow, Green or Red Microtainer® |
| Emergency Whole Blood Profile | 0.5 mL in pediatric Green top tube |
| GGT | One full Yellow, Green or Red Microtainer® |
| Glucose | One full Yellow, Green or Red Microtainer® |
| Hemoglobin Electrophoresis | One full Lavender Microtainer® |
| Hepatitis B Surface Antigen (HBsAg) | Two full Yellow or Red Microtainer®s |

(continued)

Minimum Specimen Requirements for Newborn/Pediatric or Adult Difficult Draw Patients

| TEST | MINIMUM AMOUNT AND CONTAINER |
|-----------------------------------|---|
| Hepatitis Panel, Acute | One full pediatric 5 mL Red top tube or four full Yellow or Red Microtainer® |
| Hepatitis Profile, Comprehensive | One full pediatric 5 mL Red top tube or four full Yellow or Red Microtainer® |
| HIV 1/2 Antibody Screen | Two full Yellow or Red Microtainer® |
| IgG, IgA, IgM, IgE | Two full Yellow or Red Microtainer® |
| Immunocompetency Panel | Two Lavender EDTA top tube |
| Iron | One full Yellow, Green or Red Microtainer® |
| LDH | One full Yellow, Green or Red Microtainer® |
| Lead | 0.5 mL in Dark Blue top or 1/2 full pediatric Lavender top tube or 1 full Lavender Microtainer® |
| Osmolality | One full Yellow or Red Microtainer® |
| PT and PTT | One full pediatric Light Blue top tube |
| RPR | Two full Yellow or Red Microtainer® |
| Salicylate | One full Yellow or Red Microtainer® |
| SGOT (AST) | One full yellow, Green or Red Microtainer® |
| SGPT (ALT) | One full yellow, Green or Red Microtainer® |
| T4 | Two full Yellow Microtainer® |
| T4 and TSH | Two full Yellow Microtainer® |
| Total Protein and Albumin | One full Yellow, Green or Red Microtainer® |
| TSH | Two full Yellow Microtainer® |
| Type and Antibody Screen | Two full Lavender Microtainer® |
| Type and Antibody Screen with DAT | Two full Lavender Microtainer® |
| Type and Screen + Crossmatch | Three full Lavender Microtainer® |
| Vitamin E | 1 mL serum two full Yellow or Red Microtainer® |
| Zinc | 1 mL serum in Royal Blue top trace metal tube Red label |

*If only 10 mL are collected, submit in aerobic (blue) bottle only.

**Minimum amount for Neonatal intensive Care Unit (NICU) only.

Note: For additional information on tests not listed, please call Customer Care at 877-402-4221 (toll free).

SPECIMEN REJECTION

When specimens are received in the laboratory, they may be rejected for any one of the following reasons. No specimen will be rejected until appropriate efforts have been made to correct the problem.

- Specimen received without a label or with improper identification
 - Unlabeled/mislabeled specimens from a physician's office/client can be accepted if the office/client accepts the responsibility of labeling the specimen.
 - A Specimen Identification Fax Form or Missing Information Fax Form (on the next two pages) must be completed and returned via fax prior to testing. If a fax machine is not available, the form must be completed and returned within 72 hours. Results will not be released until paperwork is complete.

Note: If your collection facility is located at or near a HNL Rapid Response or testing laboratory, specimen identification may be requested in person.

- Specimen of questionable integrity (depending on tests ordered)
- Incorrect transport container
- Insufficient volume
- Hemolysis (depending on tests ordered)
- Improper handling or storage of specimen
- Clotted specimen (depending on tests ordered)

NOTIFICATION

The client will be notified as soon as possible should the specimen be unacceptable for any of the above reasons.



SPECIMEN COLLECTION, PREPARATION & HANDLING

To: _____
Fax: _____
From: _____
Date: _____ # Pages: _____

We have received an unlabeled or mislabeled specimen for your patient identified on the form as:

Patient name: _____
Patient Social Security #: _____
Medical Record Number: _____
Date specimen collected: _____
Time specimen collected: _____
Type of specimen: _____

We are, therefore, unable to process the testing requested. If you wish to take responsibility for the unlabeled specimen so we can proceed with processing, please complete this form:

SPECIMEN IDENTIFICATION FAX FORM

By completion and signature of this form, I am accepting the responsibility of the unlabeled or mislabeled specimen and I am requesting Health Network Laboratories to label the specimen with the name noted above. **(Please print)**.

Patient Name: _____
Patient Date of Birth: _____
Print name of individual taking responsibility: _____
Job title: _____
Signature of individual taking responsibility _____ Date: _____

- Please fax this form back to:
- _____ HNL Cytology Department Fax # 84-425-5858
 - _____ HNL Central Processing 2024 LS Fax # 610-402-1205
 - _____ HNL Rapid Response Lab CC Fax # 610-402-1688
 - _____ HNL Rapid Response Lab 17 Fax # 610-402-2683
 - _____ HNL Rapid Response Lab MHC Fax # 610-867-7318

Thank you for your prompt attention so we can process your patient's specimen quickly.

CONFIDENTIAL

This facsimile may contain **confidential information** which also may be **medically privileged** and which is intended only for the use of the addressee(s) named above. If you are not the intended recipient of this facsimile, for the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile may be strictly prohibited. If you receive this facsimile in error, please notify us immediately by telephone and return the original facsimile to us at the address above via the postal service.



SPECIMEN COLLECTION, PREPARATION & HANDLING

MISSING INFORMATION FAX FORM

To: _____ Fax: _____
 From: _____ Tech Code/Initials: _____
 # Pages _____ Date: _____

We have been unable to process the _____ testing requested on your patient _____ due to missing information. Please provide the information requested below and fax it back to the number listed below (including name of person supplying information). We will then process the testing immediately. Thank you for your prompt attention.

1. PLEASE PROVIDE INFORMATION:

- _____ Clinical Pre-Op Diagnosis:
- _____ Patient Address:
- _____ Physician First and Last Name:
- _____ Anatomic Source of Specimen:
- _____ Patient's Date of Birth:
- _____ Patient's Social Security #:
- _____ Collect Date:
- _____ Other:

2. Print name and title of person providing information:

3. Signature/name of person supplying information. Date: _____

Please fax back to:

- _____ HNL Cytology Dept. Fax # 84-425-5858
- _____ HNL Central Processing 2024 LS Fax # 610-402-1205
- _____ HNL Rapid Response Lab CC Fax # 610-402-1688
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Thank you !

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SPECIMEN RETENTION/TEST ADDITIONS

Except for unstable specimens (e.g., those for cultures, CBCs, urinalysis) Health Network Laboratories retains most specimens for several days. If a test is to be added to a specimen that is already in the laboratory or if a repeat assay is requested, please contact Customer Care at 877-402-4221 (toll free). A representative can arrange for additional testing if sufficient specimen volume remains after the initial tests have been completed. Federal regulations require that we obtain, within 30 days of a verbal request, written authorization for every test we perform. You will be asked to forward a signed order, via fax or mail, for all verbal requests.