

Specimen Labeling Requirements

Specimen Labeling Requirements

The correct identification of patients and specimens are two of the most important steps in the specimen collection procedure. Proper identification helps to insure that each patient receives the correct laboratory results and diagnosis. The need for proper identification is specified by the College of American Pathologists (CAP) and The Joint Commission (TJC).

Physician Office and Outreach Collections

Patient Identification

The person collecting the specimen must first verify the correct patient is being collected for the test requested. Ask the patient to state their name and date of birth. Confirm this information with the requisition and the information written on the specimen. Two separate, unique identifiers are required to verify the correct patient is being collected. Acceptable identifiers are the patient's first and last name, date of birth or the social security number. At least two of these unique identifiers must match the information on the requisition.

Specimen Labeling Requirements

1. First and last name
2. Date of birth, or social security number
3. Date of collection and time of collection must be written on the requisition
4. Source of specimen if not blood. For example, catheterized urine, stool, sputum, right or left synovial fluid
5. Specimens for blood product transfusion have unique requirements. Refer to Type and Screen, Blood test for specific labeling requirements.

Inpatient and MHS Outpatient Laboratory Specimen Labeling Policy

Patient Identification

The person collecting the specimen must first verify the correct patient is being collected for the test requested. Ask the patient to state their name and date of birth. Confirm this information with the specimen labels and armband. Two separate, unique identifiers are required to verify the correct patient is being collected. Acceptable identifiers are the patient's first and last name, the MHS medical record number, the MHS account number, date of birth or the social security number. At least two of these unique identifiers are checked with the laboratory labels and the patient's armband before the specimen is collected.

Specimen Labeling Requirements

1. First and last name
2. Medical record number (or date of birth, or social security number)
3. Date of collection
4. Time of collection
5. Collector's network log on (computer ID) or initials if collector does not have a MHS computer network log on.
6. Source of specimen if not blood (for example, catheterized urine, stool, sputum, right or left synovial fluid)
7. Location or room number (optional)

Labeling Blood Bank Specimens

Blood bank specimens require a special blood bank armband. Blood bank specimens must be labeled at the bedside at the time of collection. Refer to MHS Policy Blood Bank Armbands: Recipient Identification System policy III.RR.D3

Reference: **MEMORIAL HEALTH SYSTEM POLICY/ GUIDELINES Title: Collection of Specimens for Laboratory Testing**

Specimen Acceptance Requirements						
Patient Type	Specimen Type	Patient Name	Patient Identification Number	Date and Time of Collection	Collector's Identification	Required Specimen Information
Inpatient and Outpatient	Routine blood/body fluid	Last/first name (reject if missing)	Medical record number (reject if missing)	Required (if missing, call floor)	Required (if missing, call floor)	Specimen source on body fluids
	Irretrievable specimen; code gas, Neonatal Intensive Care Unit (NICU), pediatrics	Last/first name (floor relabels specimen if missing or wrong)	Medical record number (floor relabels specimen if missing or wrong)	Required (if missing, call floor)	Required (if missing, call floor)	
	Container with tissue or cytology specimen	Last/first name (floor relabels specimen if missing or wrong)	Medical record number (floor relabels specimen if missing or wrong)	Required (if missing, call floor)	Required (if missing, call floor)	Source on requisition, container and preoperative diagnosis (call if missing)
	Swab for culture	Last/first name (floor relabels specimen if missing or wrong)	Medical record number (floor relabels specimen if missing or wrong)	Required (if missing, call floor)	Required (if missing, call floor)	Specimen source
	Blood Bank specimen	Last/first name (reject if missing)	Medical record number (reject if missing)	Required (if missing, call floor)	Required (if missing, call floor)	Blood Bank armband

Specimen Acceptance Requirements (Cont.)

Patient Type	Specimen Type	Patient Name	Patient Identification Number	Date and Time of Collection	Collector's Identification	Required Specimen Information
Client Services	Routine specimen	Last/first name (check against requisition)	Date of birth	On requisition	None	Specimen source on body fluids
Minimum Requirements: 2 Unique Identifiers; Full Name and Date of Birth	Tissue	Last/first name	Date of birth	Date only on requisition	None	Source on requisition and preoperative diagnosis (call if missing)
	Culture	Last/first name	Date of birth	On requisition	None	Specimen source on requisition
	Blood Bank	Last/first name (reject if missing)	Social Security number and date of birth	Reject if missing	Reject if missing	Blood Bank armband and number of units to crossmatch
	Cytology slide	Last name on frosted end of slide	Date of birth	Date only on requisition	None	Specimen source on requisition
	Cytology fluids	Last/first name	Date of birth	Date only on requisition	None	Specimen source on requisition and preoperative diagnosis