Laboratory Specimen Labeling Etiquette

Position Labels To Be “Scanner Friendly”
Correct Labeling of Tubes

- Label is completely vertical
- Test, test number and patient name are at the top of the tube
- Label covers label on tube
- Clear space visible to evaluate sample
PEDIATRIC TUBES

• Test name, patient name and test number at top of tube
• Tube extender attached
• Scanner Friendly
SYRINGES

- Label is straight on syringe
- FiO2 is written on syringe
- Value can be entered into analyzer
- Scanner Friendly
The Following Slides Show Labels That Are NOT ACCEPTABLE
Improper Labeling Result in Delayed Testing

If Label Cannot Be Scanned:
Labels have to be reprinted before testing

Caps are removed when testing.
If cap is removed from tube, specimen is unlabeled
If Label Cannot Be Scanned:
Labels have to be reprinted before testing
Label covers clear space on tube.
Cannot evaluate sample integrity
Label is Upside Down
Analyzer Cannot Read Label
Spiral Label
Cannot be Scanned
Analyzer Cannot Read Label
Look Closely at The Label

- This label was misaligned in the printer.
- Patient name was cut off.
- There are not two patient identifiers on this tube only the test name.

!PATIENT HAS TO BE REDRAWN!
Spiral Label
Unable to Scan

Extender on Tube
Label with Name/Test on Top
Tube extender not attached
Label squished on tube
Unable to scan
Label wrapped around tube
No tube extender attached
Unable to scan

X

YES
Label is wrapped around syringe
Unable to scan
Proper Labeling of Blood Banks Specimens

Every sample must contain:

- The patient’s first and last name.
- Medical record number, unique facility number, or date of birth.
- Date and time drawn (may be in LIS only).
- Collector’s ID (may be in LIS only).
- A unique Blood Bank number (if not SLS or cord blood):
  - Inpatient: Enterprise Number (E#) transcribed from the patient’s hospital admission armband.
  - Clinic drawn Heme/Oncology or C-Section Patients: barcoded armband number from armband completed and placed on the patient at the time of draw.
- Cord blood specimens do not require a separate Blood Bank number. The last six digits of the MRN serve as the infants’ Blood Bank number.
- SLS specimens do not require a Blood Bank number.
Blood Bank Orders Must Have E# Written Clearly on Label

Must be on the tube, not on the additional labels
Why is Blood Bank E# So Important?

• What is it?
  • Enterprise #.
  • Every registered patient has an E# in Epic.
  • Unique number to the patient and it remains the same no matter what facility the patient goes to, as long as the facility is on the same instance of EPIC.
  • MRN is only specific to facility or entity. There are duplicate MRNs used between the clinics and hospitals.

• Why is it important to write the E# on the specimen label?
  • This number is not readily available in Epic. It is, however, printed on the patient’s armband.
  • The E# along with the corresponding patient identifiers on the specimen label allows the laboratory staff to have confidence that the specimen came from the correct patient.
  • The E# is also used in HCLL, the blood bank software system, whereas the MRN is not available.
Urine Containers

Label should not go around the container.

Unable to scan barcode

Position labels along the container vertically.
If cap is removed—specimen is unlabeled
To Reiterate

Correct Labeling

- Label is completely vertical
- Test, test number and patient name are at the top of the tube
- Label covers label on tube
- Clear space visible to evaluate sample
Correct Labeling

- Test name, patient name and test number at top of tube
- Tube extender attached
Syringes

- Label is straight on syringe
- FIO2 is written on syringe
- Value can be entered into analyzer
MICROBIOLOGY SPECIMEN LABELING
Attach labels to specimen container. Never attach to biohazard bag or leave them loose in biohazard bag.
Position Labels To Be “Scanner Friendly”

Curved barcodes cannot be scanned.

Position labels along the container vertically.
All orders for the specimen should be attached to the specimen
Not loose in the bag

Loose label can be lost and orders missed.

Multiple orders on a single specimen should be attached to the specimen.
Be aware of fill windows. Do not overfill or cover window with label.
Be aware of container barcodes.

Do not position labels over barcodes.
Blood culture bottles should be labeled with the **total volume** of the set.

There is **10 mL** in each bottle but the total volume of the set is **20 mL**.

Remember to write the source of the draw and the identification of collector.
Chlamydia, Gonorrhea, and Trichomonas vaginalis by NAA

Collection Acceptability Guidelines
Female Specimen containers

Vaginal Swab
• Kit includes orange specimen container and pink swab.

Endocervical Swab
• Kit includes white/purple specimen container, white swab, and blue swab.

*** White Swab for Cleaning ONLY***

Urine Collection
• **Urine First Catch**
  *Min volume 2 mL, Maximum volume 50 mL.*
• The Lab generally transfers specimen from specimen cup to Aptima container.
• Not acceptable for Trichomonas vaginalis test.
Male Collection Containers

Urethral Swab
• Kit includes white/purple specimen container, white swab (only used for female collection), and blue swab.

*** Do Not Use the WHITE Swab for Male Collection***

Urine Collection
• Urine First Catch
  Min volume 2 mL  Maximum volume 50 mL.
• The Lab generally transfers specimen from specimen cup to Aptima container

❖ Trichomonas vaginalis is sent to Mayo for testing.
Urine Collection Guidelines

- **First-catch** urine.
- Patient should not void within one hour of collection.
- Female patients should not cleanse labial area prior to collection.
- Min volume 2mL, Max volume 50 mL. Collection of larger volumes may result in specimen dilution that may reduce test sensitivity.
- This test cannot be added-on to a clean-catch sample provided for other tests such as urinalysis or urine culture.
Most Common Specimen Rejections

• Urine volume exceeding 50 mL.
• Tests added-on to clean catch samples.
• White cleaning swab submitted.
• Cap insecure causing reagent/specimen to leak into biohazard bag.
• Low volume of reagent (swab collections), possibly spilled during collection.

❖ A detailed collection guide is located in the Lab Test Catalog under “Chlamydia Gonorrhea Trichomonas Aptima Collection Guide.”
Anatomical Pathology (AP)
Specimen Labeling

AP Specimens Must Be Accompanied with A Requisition
AP Incorrect Placement of Label
AP Incorrectly Printed Label
All specimens must have the following labeled:
- Name
- Date of service
- Date of Birth and/or MRN#
- Specimen Source
- Laterality
- Physicians Name

Incorrectly labeled missing the specimen source but had the following correct:
- Name
- Date of service
- Date of Birth and/or MRN#
- Physicians Name
A correct printed label shows:
• Patient Name
• MRN
• DOB
• Collection Date
• Source
• Laterality
• Full-readable Barcode
• Full HSC#

No part of label is cut off or unreadable
A correct Hand written label shows:
- Patient Name
- MRN
- DOB
- Collection Date
- Source
- Laterality

No part of label is cut off or unreadable