

Laboratory Specimen Labeling Etiquette

Position Labels To Be “Scanner Friendly”



Laboratory Coordinating Council

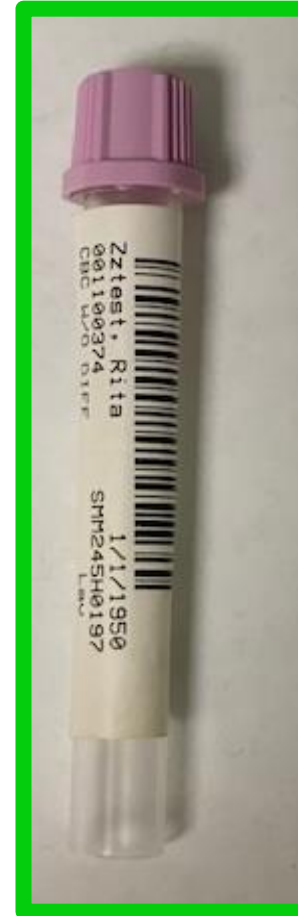
Correct Labeling of Tubes

- 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
- Color strip of original tube label visible



PEDIATRIC TUBES

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



SYRINGES



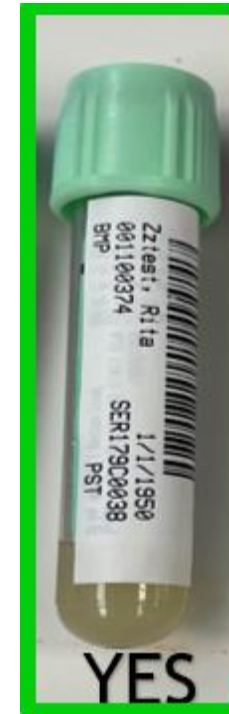
- Label is straight on syringe
- FiO2 is written on syringe
- Value can be entered into analyzer
- Scanner Friendly

The Following Slides Show Labels
That Are
NOT ACCEPTABLE

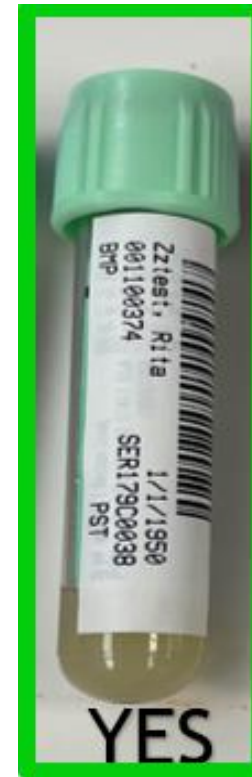
Improper Labeling Result in Delayed Testing

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

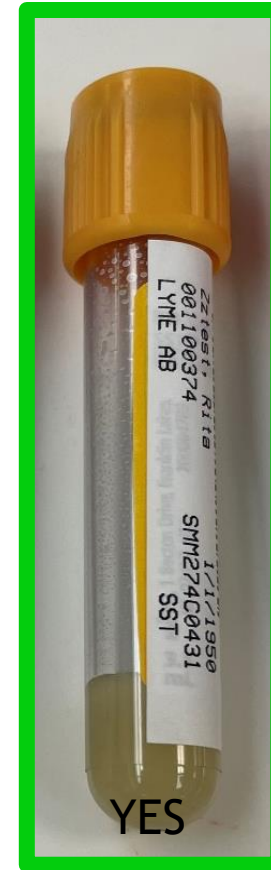
Caps are removed when testing.
If cap is removed from tube,
specimen is unlabeled



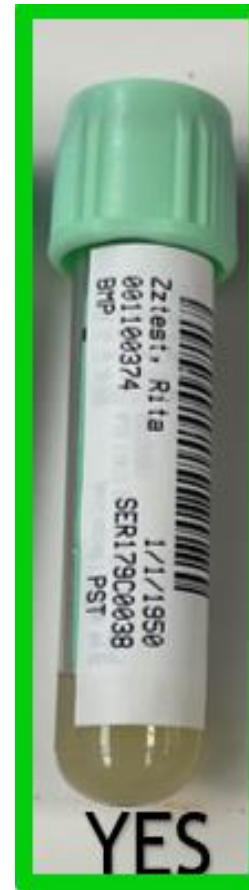
If Label Cannot Be Scanned:
Labels have to be reprinted before testing



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



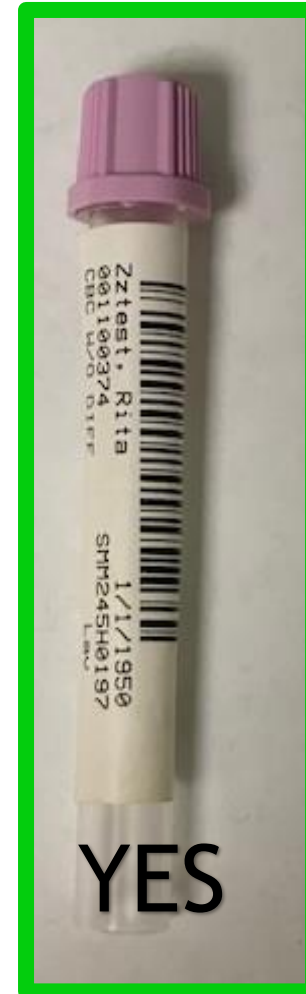
- This label was misaligned in the printer
- Patient name was cut off.
- There are not two patient identifiers on this tube only the test name

!PATIENT HAS TO BE REDRAWN!

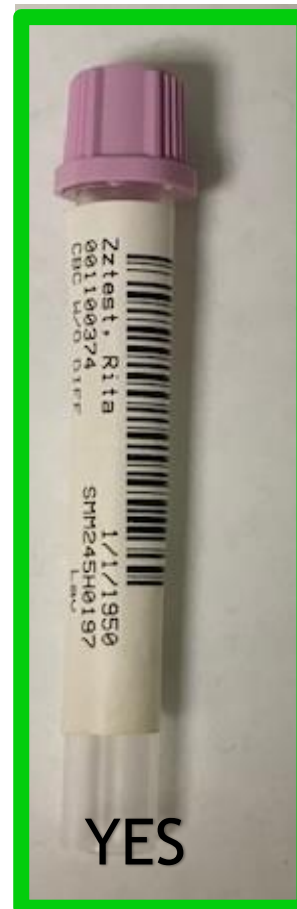
Spiral Label Unable to Scan



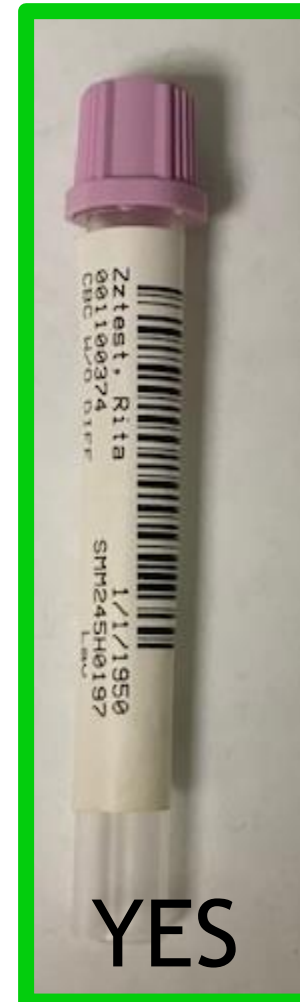
Extender on Tube Label with Name/Test on Top



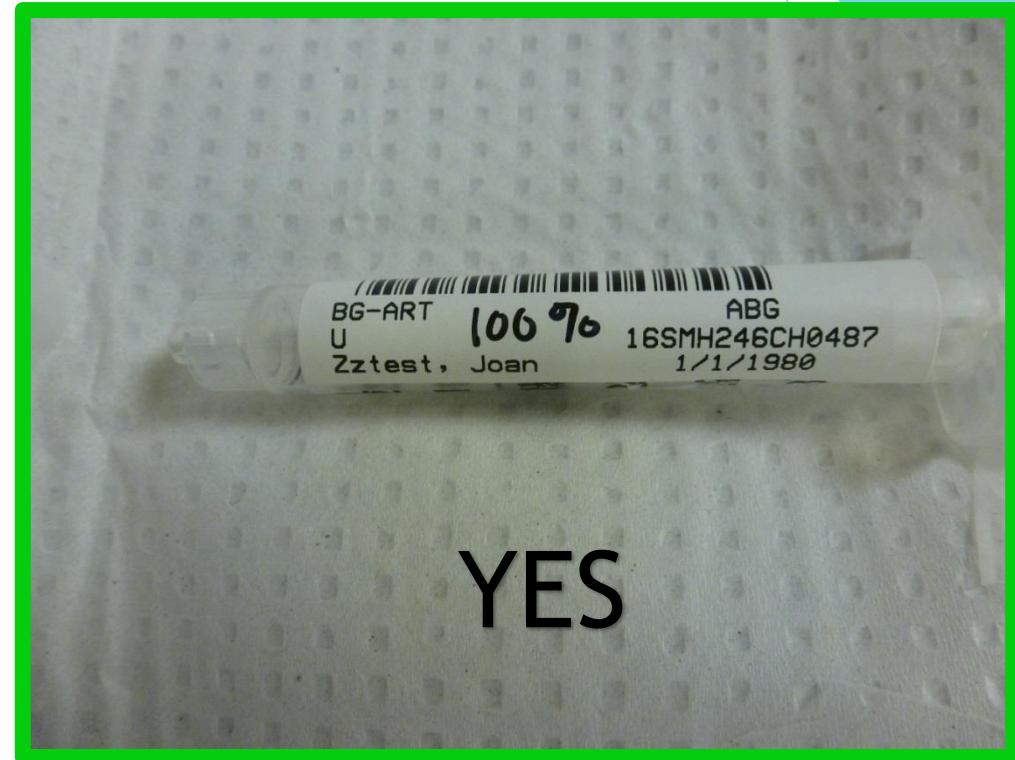
Tube extender not attached
Label squished on tube
Unable to scan



Label wrapped around tube
No tube extender attached
Unable to scan



Label is wrapped around syringe
Unable to scan



Proper Labeling of Blood Banks Specimens

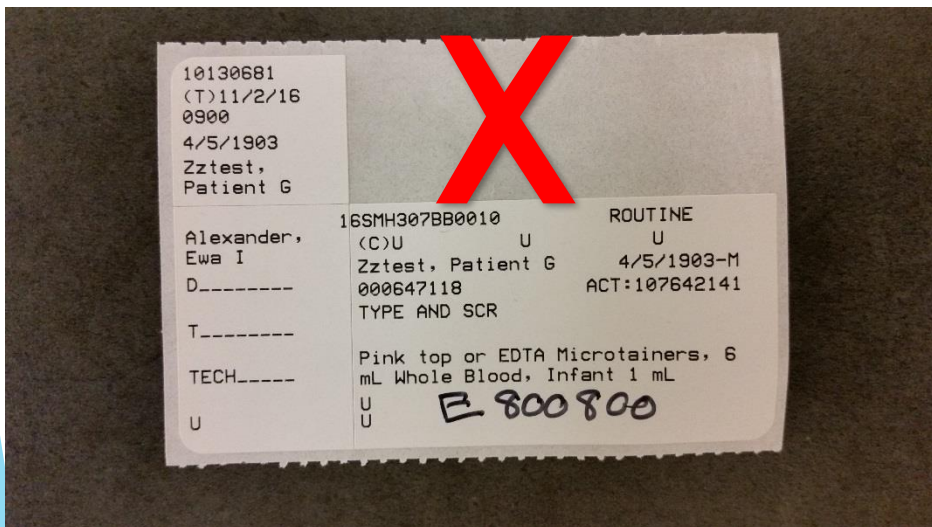
Every sample must contain:

- ▶ 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# on Label

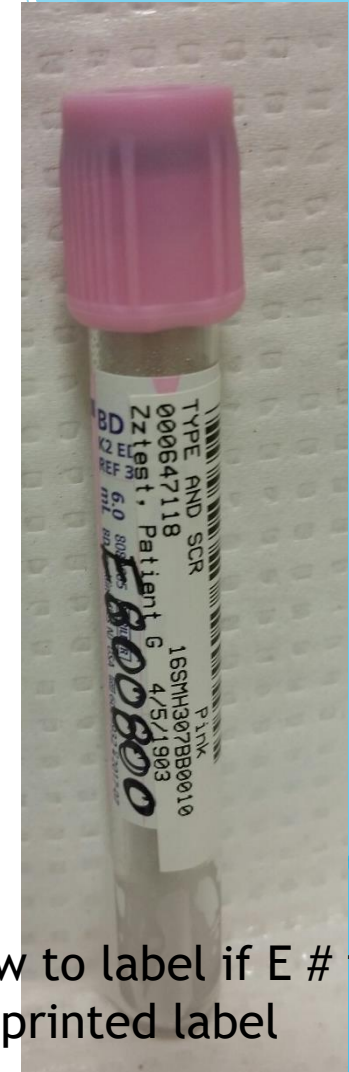
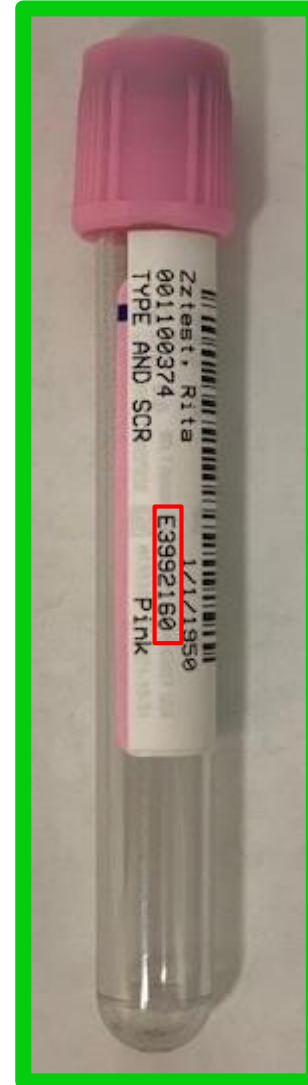
E # are automatically printed on blood bank order labels

Always ensure if collecting a blood bank specimen, E # is present on label, if not clearly write it on label affixed to tube



10130681
(T)11/2/16
0900
4/5/1903
Zztest,
Patient G

16SMH307BB0010 ROUTINE
(C)U U U
Alexander, Ewa I Zztest, Patient G 4/5/1903-M
D----- 000647118 ACT:107642141
T----- TYPE AND SCR
TECH----- Pink top or EDTA Microtainers, 6
U U mL Whole Blood, Infant 1 mL
U E 800800



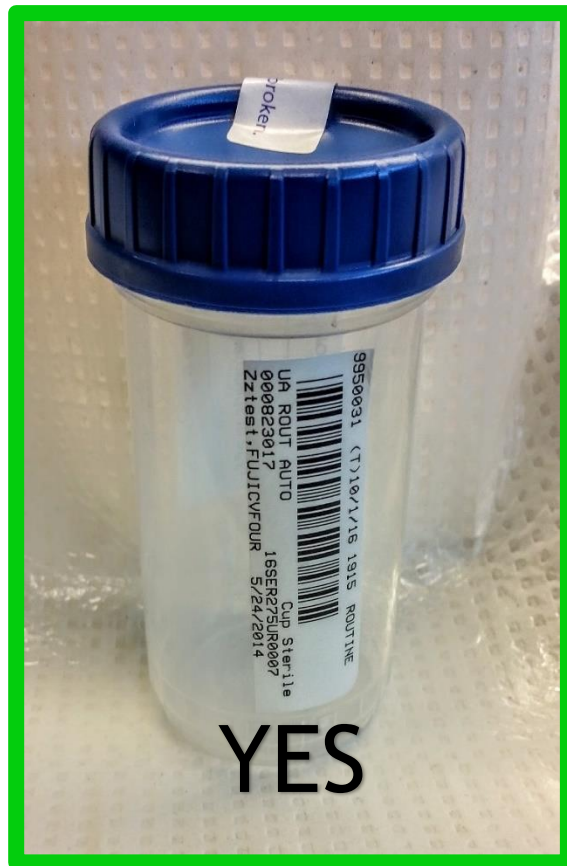
How to label if E # is not on printed label

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

Position labels along the container vertically.



Position labels along container vertically and side by side when multiple urine tests are ordered



Urine Containers- Cont.

Urine collections collected while inpatient, if volume allows should be placed in a yellow top urine preservative tube and grey top culture tube utilizing yellow cap urine beaker with integrated transfer device. *If urine volume is <20 ml send urine cup to the lab, DO NOT place in yellow or grey top tube*

Follow labeling criteria for urine tubes as you would blood collection tubes

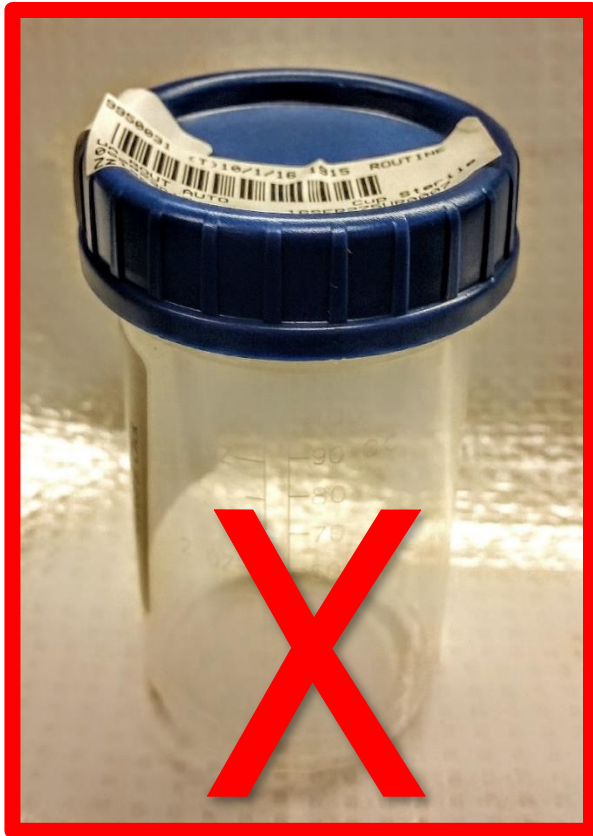


- Label is completely vertical
- Test, test number and patient name are at the top of the tube/cup
- Label covers label on tube
- Clear space visible to evaluate sample
- Color strip of original tube label visible

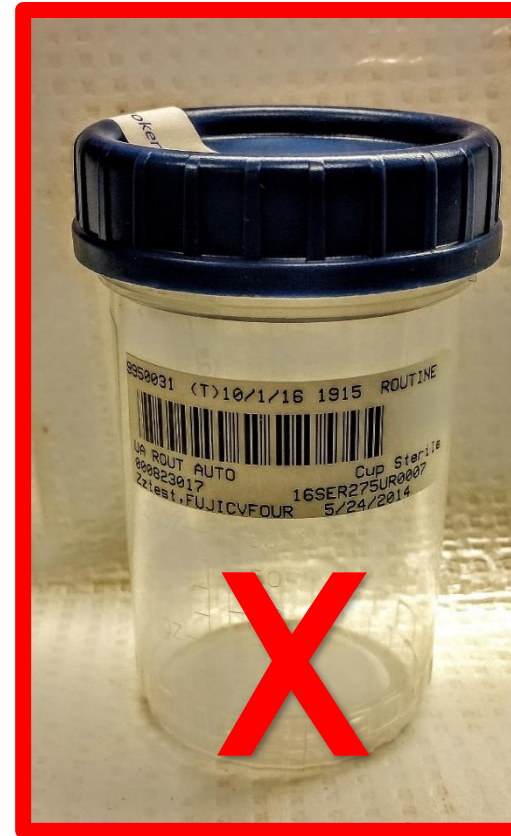


Improper Labeling of Urine Cups

If cap is removed-
specimen is unlabeled



Label should not go around
the container.
Unable to scan barcode



To Reiterate

Correct Labeling

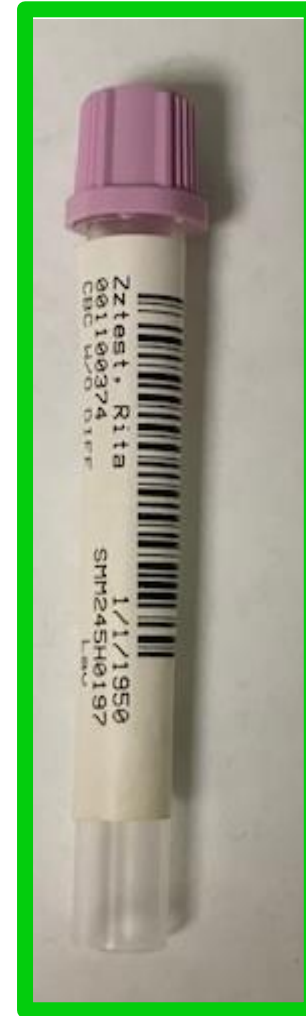
- Label is completely vertical
- Test, test number and patient name are at the top of the tube
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PEDIATRIC TUBES

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

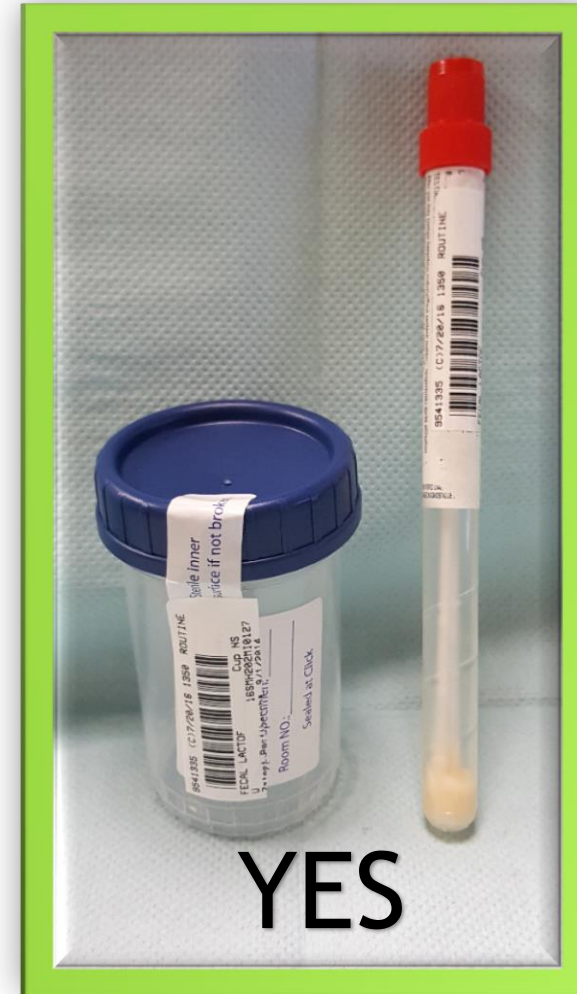


Attach labels to specimen container.
Never attach to biohazard bag
or leave them loose in biohazard bag.



Position Labels To Be “Scanner Friendly”

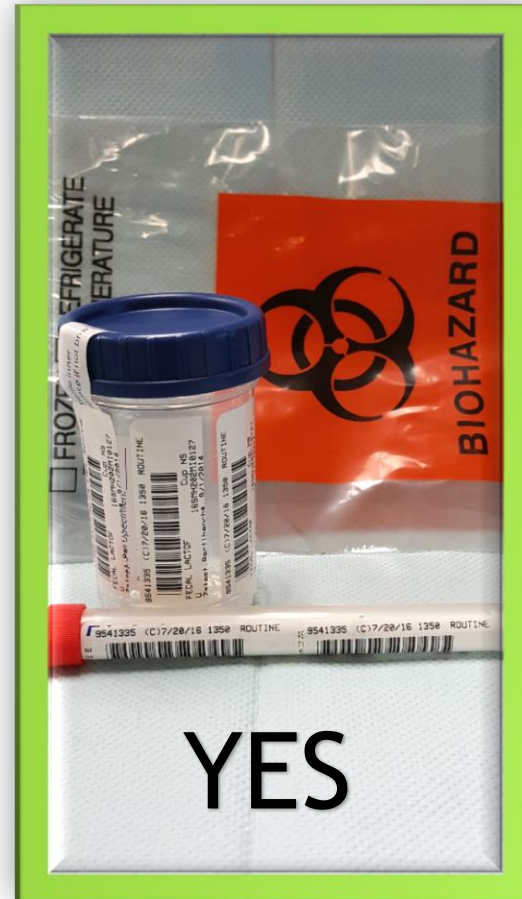
Curved barcodes cannot be scanned.



Position labels along the container vertically.

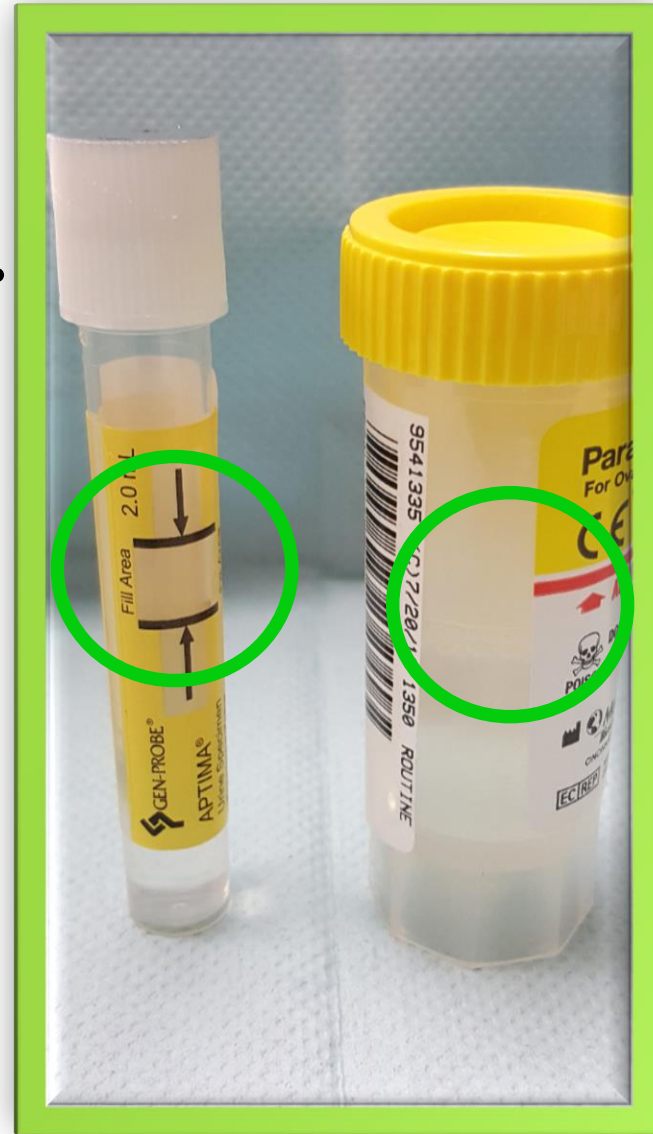
All orders for the specimen should be attached to the specimen
Not loose in the bag

Loose label can be lost and
orders missed.



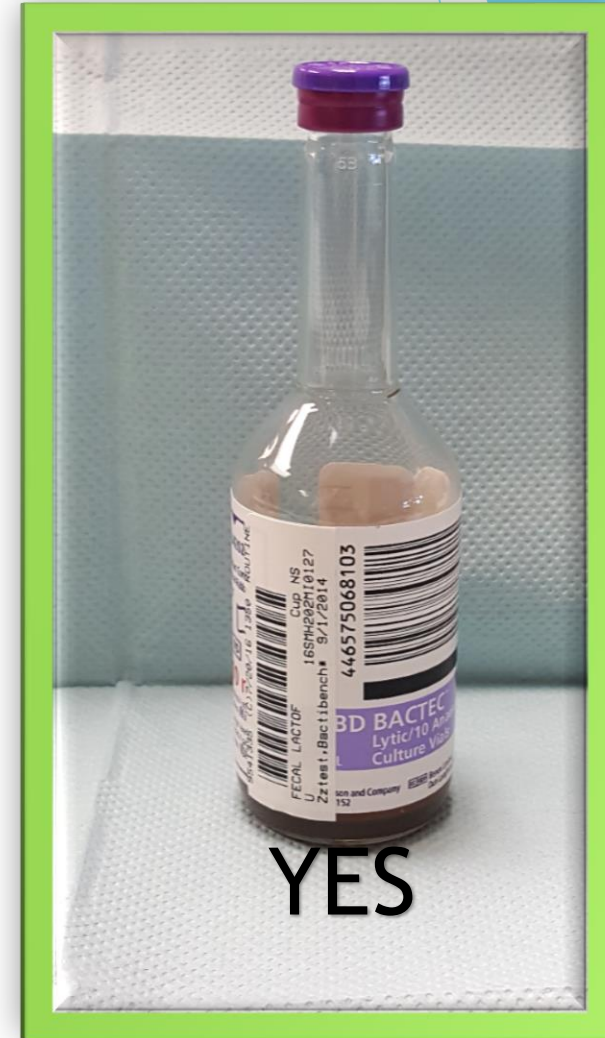
Multiple orders on a
single specimen should
be attached to the
specimen.

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**.

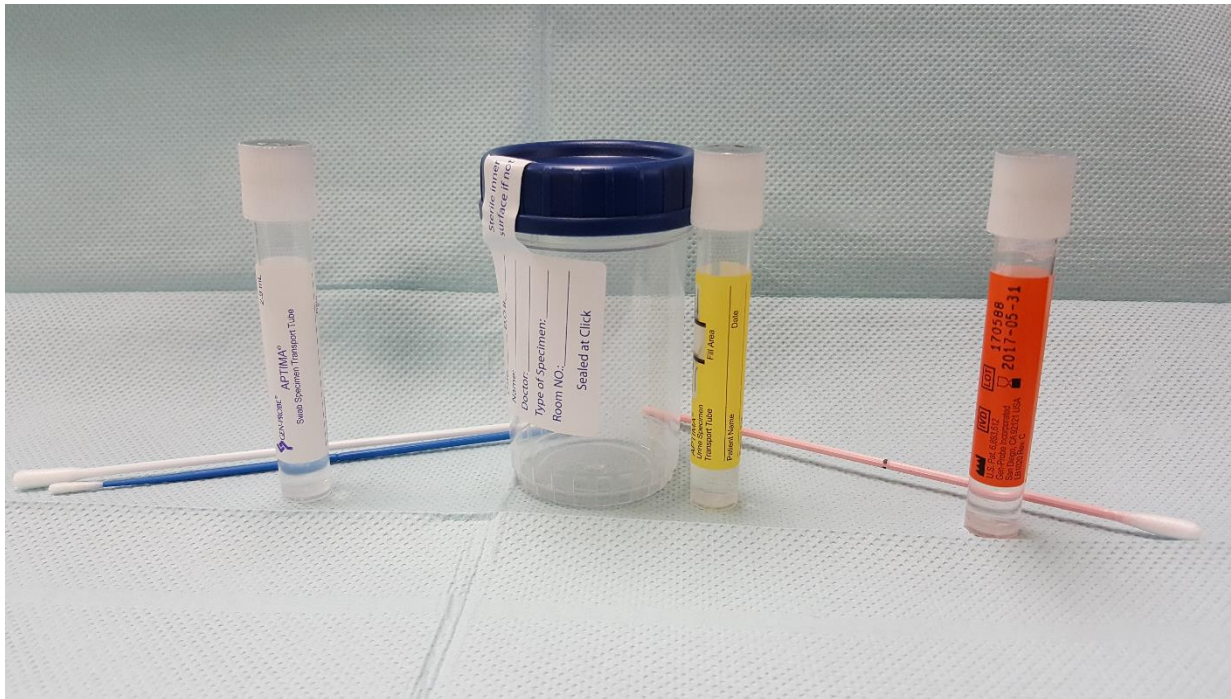
There is 10 mL in each bottle but the total volume of the set is 20 mL.



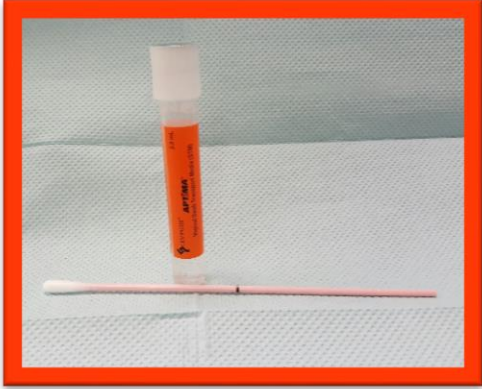
Remember to write the source of the draw and the identification of collector.

Chlamydia, Gonorrhea, and Trichomonas vaginalis by NAA

Collection Acceptability Guidelines

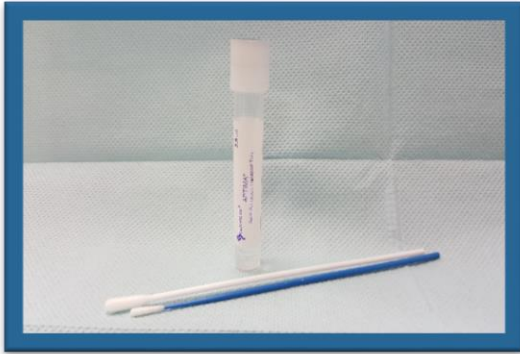


Female Specimen containers



Vaginal Swab

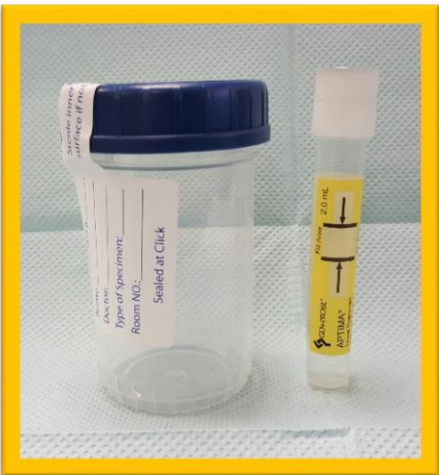
- Kit includes orange specimen container and pink swab.



Endocervical Swab

- Kit includes white/purple specimen container, white swab, and blue swab.

*** White Swab for Cleaning ONLY***



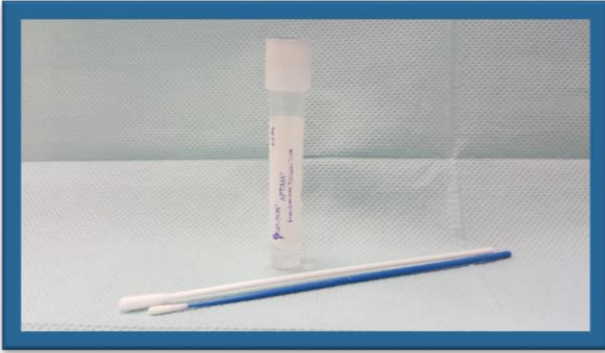
Urine Collection

• 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.”



<http://clinical-laboratory.blogspot.com/2016/01/interpretive-diagnostic-error-reduction.html>

Anatomical Pathology (AP) Specimen Labeling

AP Specimens Must Be Accompanied with A Requisition

Bacon Zztest									
MRN: 000644845					Log ID: 454266				
General Information									
Date: 10/20/2016			Time: 1230			Status: Unposted			
Location: SMH MAIN ORS			Room: OR 01			Service: General			
Patient class: Surgery Day Care			Case classification: Elective			Case type:			
Trauma case?:									
Patient DOB									
DOB: 5/10/1980									
Panel Information									
Panel 1									
Surgeon	Role	Procedure		Laterality		Anesthesia			
Zzjrm, Physician, MD	Primary	BIOPSY BREAST		Right		General			
Patient Diagnosis									
None									
Diagnosis Information									
Diagnoses									
Malignant neoplasm of lower-inner quadrant of right male breast									
Specimens									
ID	Source	Tests Ordered	Lat	Frozen?	Transport Inst	Time in Formalin	Collected by	Collected at	Instructions
A	Breast	BIOPSY TISSUE PANEL	Right		Fixed in Formalin	10/20/16 1226	Zzjrm, Physician, MD	10/20/16 1226	
Description: Right Breast									
Operative Findings/Comments									
ID	Operative Findings/Comments:								
A									
GI/Bronch Clinical History and Impressions									
ID	Clinical History					Impressions			
A									
Insurance as of 10/20/2016									
Payor	Plan	Group		Member		Effective Dates			
WORKERS COMP	WEST BEND MUTUAL INSURANCE COMPANY [2317]								
Subscriber: WOODMANS EAST									
WORKERS COMP	WEST BEND MUTUAL INSURANCE COMPANY [2317]								
Subscriber: WOODMANS WEST									
WORKERS COMP	CCMSI CANNON COCHRAN MGT								

AP Incorrect Placement of Label



AP Incorrectly Printed Label



AP Hand Written Label

All specimens must have the following labeled:

- Name
- Date of service
- Date of Birth and/or MRN#
- Specimen Source
- laterality
- Physicians Name

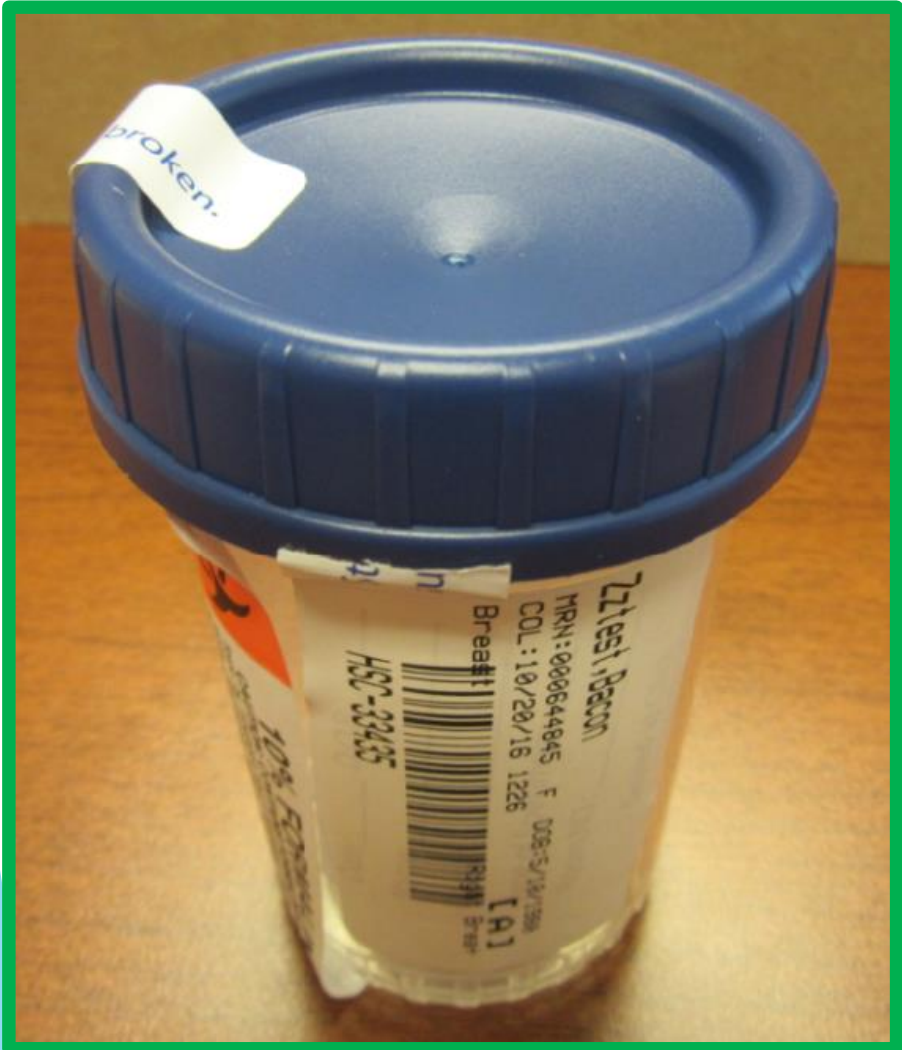


Incorrectly labeled missing the specimen source but had the following correct:

- Name
- Date of service
- Date of Birth and/or MRN#
- Physicians Name



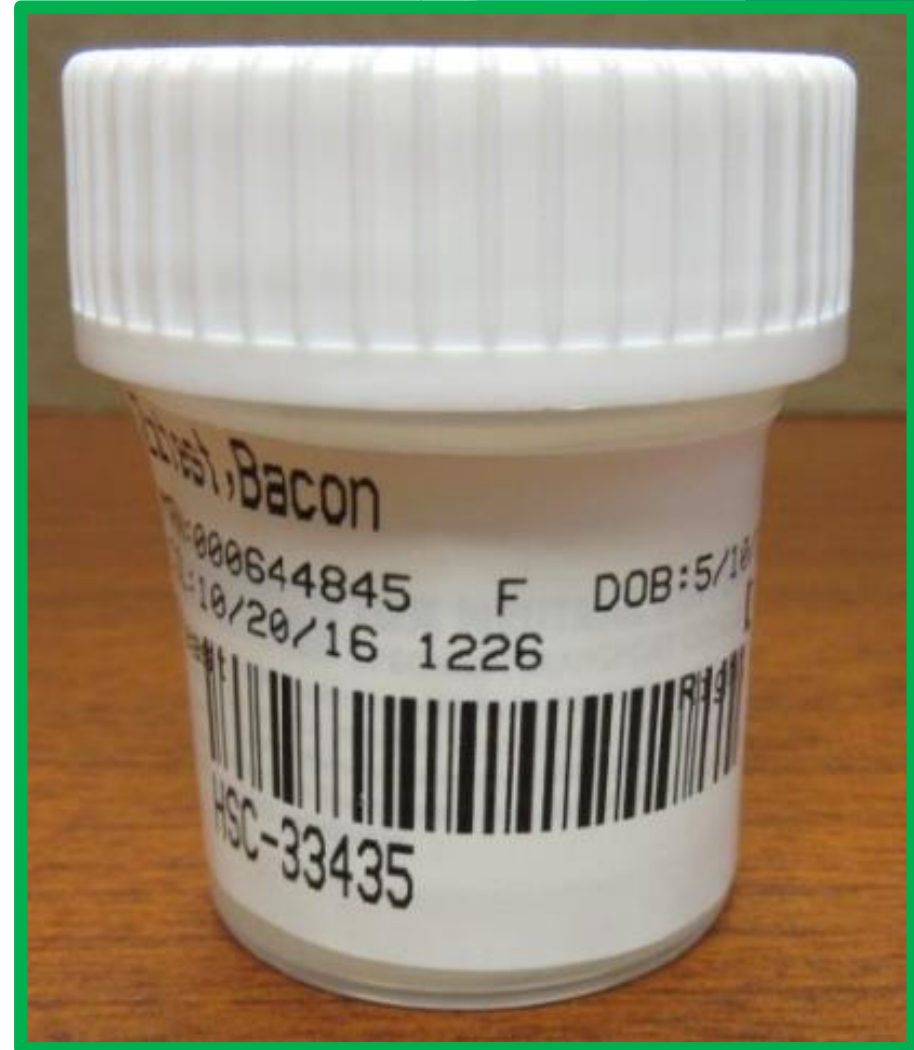
AP Correct Labeling



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



AP Correct Labeling Including Hand Written Specimen Source



A correct Hand written label shows:

- Patient Name
- MRN
- DOB
- Collection Date
- Source
- Laterality

No part of label is cut off or unreadable