

3400 Spruce Street, Philadelphia, PA 19104

DIVISION OF LABORATORY MEDICINE

Central Receiving = 7th Floor Founders Building = 662-3943 Client Services: 215-662-4808 Label Area

OR Location	OR Phone Number	Name of Physician/Collector (required by law) Cell Phone Number	
Date Collected (required by law)	Time of Collection (required by law)	Tests ordered were verified with the following physician: (only complete if the collector is not the Attending Physician)	
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Suspected diagnosis or clinical question:			

Additional specimen collection and test ordering information can be found in the Laboratory Tests Services Guide which is accessible on the HUP Intranet Home Page.

Urinary Stone Analysis

Specimen Source: (choose laterality if applicable)

□ Bladder

CEN

Т

R

A

RECE

N

G

☐ Kidney Left / Right

☐ Ureter Left / Right



ACCEPTABLE CONTAINER

Person completing this form Please **print name** legibly

Person sending the specimen if different from person completing this form Please **print name** legibly

If applicable, person hand-delivering the specimen to Central Receiving Please print name legibly

AFFIX CERMER
LAREL

Specimens for Urinary Stone Analysis Checklist

Obtaining the specimen

Match patient label to patient using 2 patient identifiers

Label a specimen cup (not a zip lock bag) for each specimen. The specimen cup does not have to be sterile Place specimen in an empty container and ensure the cap or lid is tightly secured Do not add any liquid to the cup

Use "read-back" methodology to confirm type of specimen, specimen name and destination

Completing the requisition

Check off source of stone, choose laterality if applicable

Confirm patient identifiers on the requisition. Match the label on the container and the patient

Legibly print appropriate names at the bottom of the form on the front of this sheet

Packaging specimen for transport

Place specimen container in a plastic zip lock bag
Validate integrity of zip lock seal on plastic bag
Fold requisition where patient identification is visible
Place folded requisition form in the plastic bag sleeve with patient identifier information visible

Specimen transport

Use pneumatic tube. Send to Central Receiving-tube Station 01

For hand delivered specimens to Central Receiving

Follow steps outlined in checklist up to Specimen transport: Call coordinator's office for specimen pick-up Transporter prints name on the front of this sheet